



Change of Information Form

This form is for staff to record any change in family circumstance (i.e. in relation to personal and family circumstances) considered relevant to the participant's ongoing involvement in the E-SEE Study.

Please return completed forms to the E-SEE Study Manager / Study Co-ordinator at the following address: E-SEE, Department of Health Sciences, Faculty of Sciences, Area 2, Seebohm Rowntree Building, University of York, YO10 5DD tel: 01904 328152

SECTION A (to be completed by staff e.g. health visitor, children's centre staff)

Name of staff member

Date

d	d	m	m	y	y	y	y

Role / position

Contact tel.

With consent from the participant please record any change of family circumstance which is considered relevant to their involvement in the E-SEE study. If the participant does not consent to details being written in the box below ask if they are happy for the change of family circumstances to be shared verbally with us i.e. by telephone. **Please note that the research team cannot act on any information passed to us unless the participant has signed section B over the page.**

Please ask the participant to complete section B over the page.

SECTION B (to completed by the participant)

Please tick option 1 or 2 below

Option 1

I give permission for the information in Section A to be shared with the E-SEE Study Manager or Study Co-ordinator.

Option 2

I don't wish details to be recorded in writing in Section A but I give permission for my change in circumstance to be shared verbally with the research team.

Are you happy for the research team to contact you to discuss the change if necessary?

YES NO

Are you happy for the research team to contact you at the next data collection time point?

YES NO

Please sign below

Signed

Name

Date

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