

CO-PARENT APPLICATION FORM (for inclusion in the E-SEE study)



Guidelines

PRINT IN BLOCK CAPITALS

Please send the completed form using the FREEPOST envelope provided

(FREEPOST RSBY-KCSB-RCJL, Department of Health Sciences, University Of York, YO10 5DD)

If you have any questions about this form please contact:

Nicole Gridley (E-SEE Trial Co-ordinator) Tel: 01904 328152 Email: e-see@york.ac.uk

Details of person with main parental responsibility

First name: _____ Family name: _____

First language: _____ Interpreter required? YES / NO

Home telephone: _____ Mobile phone: _____

Best time to contact: _____ Relationship to child: _____

Address and postcode: _____

Email address: _____

How would you prefer to be contacted?: PHONE-CALL / TEXT / EMAIL Where did you hear about the study?: _____

Parental responsibility shared? YES / NO If yes, state relationship of other person to child: _____

Details of child

First name: _____ Family name: _____

Gender: MALE / FEMALE Date of birth: (dd/mm/yyyy) _____

Details of person you share parental responsibility for this child with: _____

Consent to pass contact details to research team

Please read each of the statements below, initial each box and sign at the bottom if you agree

I understand that a member of the research team may contact me with more details of the project and to discuss my possible participation in the research.

I am aware that I am not obliged to take part in the study and I understand that my details will be protected and stored securely.

I have been given a brief information leaflet (version 3, 26/10/15) about this study.

Name of parent/co-parent _____ Signature _____ Date _____

Name of professional completing this form with the family (if applicable) _____ Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____

STUDY ID: _____

Site: _____