Remember to delete the advisory text and update the details in the footer to be specific to the research for which you are seeking ethics review.

**PARENT/GUARDIAN CONSENT FORM**

CUREC Approval Reference:

**[Study Title]**

* Your child’s school has agreed to take part in a study run by the University of Oxford looking at how children learn to read.
* If your child takes part, a researcher would come and visit them at school, do some activities and play some fun games with them.
* To find out more about the study, please read the attached information sheet or have a look at our website <insert web page link>. You can e-mail us at <insert email address>, or call <insert researcher name & status> on <insert number> if you have any questions.
* If you are happy for your child to take part, please fill in the form below and return it to your child’s class teacher as soon as possible.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Name of child:

Forename Surname

Name of school:

I have read and understood the details of the above study, and have had the opportunity to ask questions and discuss the study with others. I have received satisfactory answers to my questions. I understand that the project has received ethics clearance through the University of Oxford’s ethical approval process for research involving human participants, and I understand who will have access to the data, how it will be stored and what will happen to the data at the end of the study. I understand that participation is voluntary and that my child and I are free to withdraw at any time, without giving any reason and without my child’s education being affected in any way. I understand how to raise a concern or make a complaint.

If applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I agree for my child to be audio recorded | Yes |  | No |  |
| I agree for my child to be video recorded | Yes |  | No |  |
| I agree for my child to be photographed | Yes |  | No |  |
| I understand how audio recordings / videos / photos will be used in research outputs | Yes |  | No |  |

**I give permission for my child to take part in the above study.**

**Name of parent/guardian:**

**Signature:**  **Date:** dd / mm / yyyy

**Name of researcher:**

**Signature:**  **Date:** dd / mm / yyyy

If you would like to receive an annual newsletter summarising our research, please fill in your address: