**Parents’ Consent Form – OurPlace**

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| --- | --- |
|  | Please tick if you agree |
| I have had the purpose of this study explained to me. |  |
| I have had the opportunity to ask questions about the project and my child’s participation. |  |
| I understand that my child does not have to take part. His/her participation is voluntary and can withdraw from this study at any time. |  |
| I allow the researchers to take photographs of my child partaking in the study. I understand that any photographs of participants will be stored securely, and will be censored of any identifiable features if published. |  |
| I agree to audio recordings being made of my child’s impressions of the application. I understand that these recordings will be transcribed, and any personal details will be removed. |  |
| I agree to the use of unnamed quotes in future publications of this work and I understand that any subsequent publication of this research will not identify my child or me by name.  |  |
| I understand that I can contact the researchers at any time and I have been told how to do this.  |  |
| I understand that any personal data that my child and I provide will be retained and processed by the researcher in accordance with the General Data Protection Regulation (GDPR, 2018). |  |
| I consent to my child’s participation in this study |  |

Name (Participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Parent/Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Researcher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Researcher)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_