Young person code: [for office use]

**School Counselling Effectiveness Study (**[**ETHOS**](http://www.roehampton.ac.uk/ethos/)**):**

**Parent/Carer Informed Consent Form (Appendix P4)**

Please tick:

|  |  |  |
| --- | --- | --- |
| Yes  | No  | I understand the information provided in the ‘School Counselling Effectiveness Study (ETHOS): Request for Parental Consent’, and any questions I have were answered to my satisfaction. |
| Yes  | No  | I understand that, if my child wants to take part in this study and meets eligibility criteria, they will be offered counselling either straight away or in 6-9 months’ time. |
| Yes  | No  | I understand that young people do not have to take part in this study, and can stop taking part at any time without having to say why. |
| Yes  | No  | I give permission for the research team to collect data on, and from, my child: questionnaire responses, counselling session recordings, interview recordings, and educational engagement and attainment data |
| Yes  | No  | I understand that anonymised data may be kept for an unlimited period and used for future research projects. |
| Yes  | No  | I understand that, after taking part in this study, I, or my child, can ask for their data to be withdrawn (up to three months after ending involvement in the study).  |
| Yes  | No  | I understand that all the information my child gives will be treated with the utmost confidentiality, and their anonymity will be respected at all times. I understand that the exception to this is that is if they say something that suggests they, or someone else, are at risk of serious harm.  |
| Yes  | No  | I understand that I may be asked to take part in a telephone interview of my child’s experiences of counselling and I am happy for the school to provide my contact details for this. |
| Your name: ....................................................................Signature: ......................................................................Name of child: …………………………………………………………….Date of birth of child: …………………………………………………..Date: ………………………………………………………………………… |

Please sign and return the consent form in the envelope provided. The information sheet should be retained.