Mental Health and Wellbeing Programme

We need your consent before your child / young person can take part in the research project. If you have any questions or concerns, please ask for clarification before ticking the appropriate boxes and signing this consent form.

1. I have read and understood the Participant Information Letter, or it has been read to me. I have been able to ask questions about the research and they have been answered.	Yes ☐ No ☐
2. I give permission for my child/young person to take part in this research. I understand that their participation is voluntary, that they can choose not to answer any questions, and that they can withdraw from the research at any time without giving a reason.	Yes ☐ No ☐
3. I understand that I have a right to modify my consent, to withdraw my consent, and to raise any questions or concerns about the research. I have been informed about how to do this.	Yes ☐ No ☐

_____

Name of young person

_____ _____ _____

Name of Parent/Carer (in capitals) Signature Date