

Date: 22/11/21



## Participant Agreement Form – Parents/Guardian

Full title of project: SEN wireless controller

Name, position and contact details of researcher: Mark Schofield, Final year student

Name, position and contact details of supervisor: Dr Ben Thomas, Sustainable design professor

To be completed prior to data collection activity

### Section A: Agreement to participate in the study

In this Form we ask you to confirm whether you agree that your Child/Legal Ward can take part in the Study. Your Child/Legal Ward can only agree to participate in the study if you agree with all of the statements in this table and accept that your Child's/Legal Ward's participation will involve the listed activities.

|   |
|---|
| I have read and understood the Participant Information Sheet (Reference: 280801 & 2 <sup>nd</sup> version) and have been given access to the BU Research Participant <a href="https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy">Privacy Notice</a> which sets out how you will collect and use my Child's/Legal Ward's personal information -( <a href="https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy">https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy</a> ). |
| I have shared this information with my Child/Legal Ward.  |
| I have had an opportunity to ask questions.   |
| I understand that my Child's/Legal Ward's participation is voluntary. My Child/Legal Ward can stop participating in research activities at any time without giving a reason and my Child/Legal Ward is free to decline to answer any particular question(s).  |
| I agree that BU researchers may view and access information about my Child's/Legal Ward's medical records] and/or [process my Child's/Legal Ward's confidential medical information as described in the Participant Information Sheet   |
| My child's/legal ward's involvement in the research study will include the following activity/activities as part of the research:   |
| <ul style="list-style-type: none"><li>• Being audio recorded during the project</li></ul>   |
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| I understand that, if my Child/Legal Ward withdraws from the study, they will also be able to withdraw their data from further use in the study <b>except</b> where my Child's/Legal Ward's data has been anonymised (as they cannot be identified) or it will be harmful to the project to have their data removed. |                             |
|  |                             |
| I understand that my Child/Legal Ward's data may be used in an anonymised form by the research team to support other research projects in the future, including future publications, reports or presentations.   |                             |
|  | <b>Initial box to agree</b> |
| <b>I consent to my Child/Legal Ward taking part in the project on the basis set out above (Section A)</b>  |                             |

### Section B: The following parts of the study are optional

Your Child/Legal Ward can decide about each of these activities separately. Even if your Child/Legal Ward does not agree to any of these activities they can still take part in the study. If you do not wish to give permission for your Child/Legal Ward to take part in a particular activity, do not initial the box next to it.

|  |   | <b>Initial boxes to agree</b> |
|--|---|-------------------------------|
|  | I agree that BU researchers might contact my child's GP as stated in the participant information sheet.                                     |                               |
|  | I agree in the partaking of being photographed during this research study   |                               |
|  |   |                               |
|  | I authorise and understand that my child's/legal ward's words may be quoted in publications, reports, websites, and other research purposes |                               |
|  | Please choose one of the following two options:<br>I agree that my Child's/Legal Ward's real name can used in the above.                    |                               |
|  | I do not agree that my Child's/Legal Ward's real name can be used in the above.   |                               |
|  |   |                               |
|  |   |                               |

I  
I authorise and understand that my child's/legal ward's words may be quoted in publications, reports, websites and other research purposes

**I confirm my agreement to my Child/Legal Ward taking part in the project on the basis set out above.**

Signature

\_\_\_\_\_

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Name of participant  
(BLOCK CAPITALS)

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Date  
(dd/mm/yyyy)

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Name of researcher  
(BLOCK CAPITALS)

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Date  
(dd/mm/yyyy)

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Once a Participant has signed, **please sign 1 copy** and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the Parent/Guardian (including a copy of PI Sheet)