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Participating Schools Consent Form (Parent or Caregiver)
LENScience Healthy Start to Life: Adolescent Education Programme

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title: LENSscience Healthy Start to Life: Adolescent Education Programme

Principal Investigator: Jacquie Bay, Director LENSscience, Liggins Institute, University of Auckland

I have read the Participant Information Sheet (Parent or Caregiver) and been given the opportunity to ask any questions and have them answered.

I understand that:

- My child and I are being invited to participate in research relating to the *LENScience Healthy Start to Life: Adolescent Education Programme*.
- My child and / or I can withdraw from the research at any time up until October 1st 2012 without giving a reason.
- If I consent to my child participating, this will involve my child in answering two 15 minute questionnaires. These will be held at the beginning of the module of work, and 3 months after the module of work.
- If I consent to my child participating, the research team may want to look at work that my child completes as part of this module. They may want to make a copy of this work for later reference, removing my child's name.
- If I consent to my child participating, she/he may be asked to participate in an interview at the end of the module of work and again one year later.
- If I agree to my child being interviewed, and she/he is in agreement, this will be recorded and a person who has signed a confidentiality agreement will transcribe the recording.
- If I agree to participate this will involve me in answering two 15 minute questionnaires, held at the beginning and end of the teaching of the module of work in my child's class.
- I may be asked to participate in an interview
- If I agree to being interviewed, this will be recorded and a person who has signed a confidentiality agreement will transcribe the recording.
- Assurance has been obtained from the school Principal and teachers that my decision regarding participation by my child or myself will not affect my relationship with the school or grades for my child.
- Data will be kept in a secure locked cabinet or if electronic, a secure network drive at the University of Auckland and stored for 6 years before being destroyed.
- The final research report and any papers written will include no reference to individual participants or schools.

Please complete each section

Participation by myself

I agree / do not agree to participate in research questionnaires as a parent / caregiver.

I agree / do not agree to potentially being selected to be interviewed as a parent / caregiver.

If selected, I agree / do not agree to the interview being recorded.

Participation by my child

I agree / do not agree to my child participating in research questionnaires.

I agree / do not agree to my child's work for this learning module being seen by LENSscience teachers

I agree / do not agree to LENSscience teachers potentially making a copy of my child's work

I agree / do not agree to my child potentially being selected to be interviewed.

If my child is selected, I agree / do not agree to the interview being recorded if my child also agrees to this.

I therefore give my informed consent for participation by my child and / or myself in the *LENSscience Healthy Start to Life: Adolescent Education Programme* as stated above.

Parent / Caregiver Name		
Child's Full Name		
Child's Date of Birth		
School		
Parent / Caregiver Signature		Date:

If you have agreed to participate in the research as a parent / caregiver, please supply a postal address to which the research team could send questionnaires and potentially contact you regarding an interview time.

Address:	
Contact phone number (day time)	Contact phone number (evening)