

**CONSENT FORM (3)**

**Adolescent attitudes to vaccines and side effects**

This consent form is to be completed by the **parent or guardian** of the participant (adolescent). Please complete this form after you have read the information sheets (forms 1 and 2) and discussed the research with your child. Please contact me at angie.pitt@kcl.ac.uk if you have any queries about this project. Please also help your child to complete the assent form (form 4). Both forms should be scanned or photographed, and the images sent to angie.pitt@kcl.ac.uk.

|  |  |  |
| --- | --- | --- |
| **Ethical review reference number: LRS/DP-23/24-39491** | **Version number: 1.5** | |
| 1. I confirm that I have read and understood the information sheets (Forms 1 and 2 v1.5) for the above project. I have had the opportunity to consider the information, discuss the research with my child and ask questions which have been answered to my satisfaction. | | Please tick |
| 1. I consent voluntarily for my child who is aged 12-15 years to be a participant in this project and understand that I can refuse for them to take part and can withdraw consent from the project at any time, without having to give a reason, up until **31st March 2025** by emailing angie.pitt@kcl.ac.uk. If you or your child contact us to withdraw consent before 31st March 2025, all data held by the research team about your child would be deleted. | |  |
| 1. I understand my child’s personal information will be processed for the purposes explained to me in the Information Sheet. I understand that such information will be handled under the terms of UK data protection law, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. | |  |
| 1. I consent to a video or audio recording of my child’s interview being shared with a third party for transcription purposes. | |  |
| 1. I understand that my child’s information may be subject to review by responsible individuals from the College for monitoring and audit purposes. | |  |
| 1. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify my child in any research outputs. However, I also understand that if my child requests to be interviewed in a pair alongside a friend, confidentiality from the friend cannot be guaranteed. | |  |
| 1. I consent to my child’s participation in the research being audio and video recorded. | |  |
| 1. I consent to direct quotes and/or drawings from my child being used in the research, on the understanding that these quotes will not identify my child by name, school name or image. | |  |
| 1. I consent to the audio or video recording of my child’s interview being shared with a third-party transcription service for transcription purposes only. | |  |
| 1. I confirm that my child is aged 12-15 years, in school years 8, 9 or 10, and lives in England. I agree to my child answering verification questions and providing ID (passport/school pass etc) if requested to verify their identity on camera, in person or by email/post prior to the interview. | |  |

**Name of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of child:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



*To be completed by King’s College London and a copy returned to the parent named above.*

**Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**