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**E**valuation Of **P**arent **I**ntervention For **C**hallenging Behaviour In **C**hildren With **I**ntellectual **D**isabilities (**EPICC-ID)**

**Parent consent form**

(Participant id number: \_\_\_\_\_)

(Please initial each box)

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| I confirm that I have read and understood the information sheet titled above (version 3) and have had the opportunity to ask questions and have had these answered satisfactorily.  I confirm that I have had sufficient time to consider whether or not I wish to take part in the study. |
| I understand that my participation in the study is voluntary |
| I understand that I will be asked to give my permission for the researcher to make a short video (20 minutes) of me playing with my child during the 3 research interviews |
| I understand that the information which I provide will be treated in confidence  and that it will not be shared with any person outside of the research team  I understand that any direct quotes will be completely anonymous and kept confidential. I agree for these to be used for educational purposes connected to this study e.g. presentations, training, publications. |
| I confirm that I am willing to take part in this research study |
| I understand that relevant sections of my and my child’s medical notes (our) and data collected during the study may be looked at by individuals from the research team, the sponsor-UCL- or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to our records for the purpose of monitoring the research.  I confirm that if I decide to stop taking part in the study that any data already collected will be included in the study unless I ask for it to be withdrawn. I understand that I have this choice until the very end of the study.  I understand that my GP will be informed of my participation in this research project.  I understand that all the group sessions will be video recorded. I understand that up to 2 of the recorded sessions will be converted into code and viewed by Mrs Maeve Darroux who will examine how well the therapists conducted the session.  I am happy for the research team to contact me when the treatment is finished, to see if I would like to take part in a one to one interview and/or a focus group.  I would like to be contacted if there is other research carried out by the team at  a later stage |
| I understand that the researcher will contact a caregiver or teacher nominated by myself, and ask them to complete a questionnaire relating to my child’s behaviour |

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Name of Subject (BLOCK CAPITALS) Date Signature

An original copy of the information sheet and a copy of the completed informed consent form is to be kept by the participant. One copy to be kept by researcher and placed in the investigator file.

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*Name of* R*esearch A*ssistant  *Date*