

**PARTICIPANT CONSENT FORM FOR CHILD**

**TITLE OF RESEARCH STUDY:** Validity and Reliability Testing of the SP3D Scale

*Please answer the following questions by ticking the response that applies*

|  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. I have read the Information Sheet (or it was read to me) for this study and have had details of the study explained to me.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand the possible risks and benefits of this study as described in the Information Sheet.   |                          |                          |
| 4. I understand that I am free to withdraw my child from the study without giving a reason for their withdrawal or to decline to answer any particular questions in the study without any consequences to my child's future treatment by the Data Collector. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I understand that I will not have access to any information collected in this study, such as assessment results and raw data.   |                          |                          |
| 7. I consent to my child's participation in the study under the conditions set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes, in accordance   | <input type="checkbox"/> | <input type="checkbox"/> |

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Legal Guardian Name (Printed)** \_\_\_\_\_

**Participant's Name (Printed):** \_\_\_\_\_

**Contact details:**

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**Data Collector's Name (Printed):** \_\_\_\_\_

**Data Collector's Signature:** \_\_\_\_\_

**Data Collector's contact details:**

(Name, address, contact number of Data Collector)

**Please keep your copy of the Consent Form and the Information Sheet together.**