

WOOD GREEN SCHOOL

CONTACT DETAILS

Participant Identification Number: *please leave blank*

CONSENT FORM

An evaluation of the Head of Wellbeing Pilot

Name of Researcher: Dr Zofia Bajorek

Please initial 1-5 or just 6 below

Please initial box

1. I confirm that I have read and understand the information for the above study.

2. I understand that my child's participation is voluntary and that they are free to withdraw at any time, without giving any reason.

3. I understand that any information given can be used in future reports, articles or presentations by the research team.

4. I understand that my child's name will not appear in any reports, articles or presentations.

5. I agree for my child to take part in the above study.

Or

6. I do not wish my child to take part in the above study.

Name of Child:

Tutor Group:

Name of Parent

Date

Signature

**Please return this form to your son/daughter's form tutor by Thursday
17th September, 2015.**

Tutors – please return these forms to the School Office.

Health RDS North West, Institute for Health Research, Lancaster University, Lancaster LA1 4YT

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