

Parent/Guardian Consent Form

Assessing the impact of challenging behaviour on the sibling relationship

Name of parent/guardian providing consent: _____

Email address of parent/guardian: _____

Name of child participating in the study: _____

Diagnosis of child with disability (if applicable):

Please read the following statements and indicate whether you agree or disagree, selecting “yes” or “no” as appropriate. Please include your initials after each statement:

1. I give permission for my child to participate in this research. **Yes/No.** _____ (initial)
2. I understand that my child’s participation is completely voluntary. **Yes/No.** _____ (initial)
3. I have been given the opportunity to ask any questions I may have regarding the research. **Yes/No.** _____ (initial)
4. I understand that I may withdraw my child from the study at any time, without giving a reason and with no adverse consequences. **Yes/No.** _____ (initial)
5. I have been given full information about the what the study entails (Participant Information Sheet). **Yes/No.** _____ (initial).
6. I have been given contact information for the researchers. **Yes/No.** _____ (initial)
7. I understand that the responses my son/daughter provides will be treated as confidential, unless he/she discloses child protection issues. **Yes/No.** _____ (initial)

I agree for my child to participate in this study on sibling relationships as described. I understand that his/her responses will be treated confidentially and that I can withdraw them from the study at any time.

Signature:

Print name: _____

Date: _____

Participant code (see text box):

Please ensure that your child enters this code when asked to during the online questionnaire.

If you have any questions about this consent form, please do not hesitate to ask.

If you have any questions regarding the study after it ends, myself or my supervisor would be happy to answer your queries. If you have any concerns regarding the study, you may also contact the Head of Department. You can contact us via email:

Researcher: Lauren Laverick-Brown (l.laverick-brown@lancaster.ac.uk)

Supervisor: Dr. Chris Walton (c.walton@lancaster.ac.uk)

Head of Department: psychology.hod@lancaster.ac.uk

Generating a participant code:

Use the first three letters of your child’s birth month, the year of his/her birth, and the first three letters of the street on which you live.

For example: January, 2003, Lindsey Road, would lead to a participant code of **Jan2003Lin.**