

Example 2 : Informed Consent Form

April 2018

Project Title: Effectiveness of Tone and Positioning Splint on Specific Gait Parameters of Children with Cerebral Palsy

Principal Investigator

[Insert name, address and contact details]

Project Supervisor

[Insert names, addresses and contact details]

You are voluntarily making a decision on whether or not to consent to your child's participation in this research study. Your signature certifies that you have decided to consent for your child to participate, having read and understood the information presented. Your signature also certifies that you have had an adequate opportunity to discuss this study with the investigator and to ask questions. You will be given a copy of this consent form to keep.

I/We the Legal Parent(s) or Guardian(s) (the undersigned)

Please PRINT name(s): _____

Address (including postcode): _____

consent for my/our child (name).....to participate in this study and give my/our permission for any results from this study to be used in any report or research paper, or verbal presentation, on the understanding that confidentiality will be preserved. I/we understand that our child may withdraw from the study at any time without prejudice. If so, I/We undertake to contact the Principal Investigator *[insert contact number]*.

Signature(s) Parent/Guardian: _____ Date: _____

I have explained the nature of and the procedures involved in the study to which the parent(s)/legal guardian(s) have consented for their child to participate and I have answered all questions. In my judgement the subject's parent(s)/legal guardian(s) is/are voluntarily and knowingly giving informed consent and possess the legal capacity to give informed consent for their child to participate in this research study.

Principal Investigator: _____ Date: _____

My signature as witness certifies that the subjects Parent/Guardian signed this consent form in my presence as his/her voluntary act and deed.

Please PRINT name: _____

Signature of Witness: _____

Date: _____

Confidentiality

Any information that is shared during the study will be treated with strict confidence and once the study is completed, it will not be possible to identify individuals. Throughout the study only the researchers [*insert names of researchers*] will have access to the information. The data will be collected and stored in accordance with the Data Protection Act 1998 (DPA) and all applicable laws and regulations relating to processing personal data and privacy, including any data protection law amending, replacing, superseding or supplementing the DPA, including but not limited to the General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) which governs the processing of personal data. The data collected will be held for 5 years, after which time it will be securely destroyed.

The University Data Protection Policy is available at: <https://www.bolton.ac.uk/wp-content/uploads/2018/03/1.-Data-Protection-Policy-2018.pdf>

Request for Further Information

Your or your child are encouraged to discuss any concerns regarding the study with the Principle Investigator at any time, and to ask any questions that you might have.

Refusal or Withdrawal

Your or your child may refuse to participate in the study and if you do consent to participate then you will be free to withdraw from the study at any time without detriment. If your or your child decides to withdraw from the study, then please contact the Principal Investigator at the earliest opportunity. In the event of withdrawal, all data pertaining to your child will be securely destroyed.

Prior to taking part in the research a copy of this information sheet will be given to you to keep and an informed consent form will be provided for you to sign and keep.

Thank you for considering taking part in this study.

Approved By The University Of Bolton Research Ethics Committee