**Appendix 2: Consent form**

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| Consent form to be completed by ELSATitle of Research Project: Effectiveness of the ELSA (Emotional Literacy Support Assistant) programme for a set of pupils attending schools in a Local Authority in EnglandName of Researcher: Mary K Leighton**Participant Identification Number for this project: Please initial box**1. I confirm that I have read and understand the

information sheet, dated 22.02.12, explaining the above research project and I have had the opportunity to ask questions about the project.1. I understand that my participation is voluntary and

that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. If I need to ask any questions about this research I can contact Mary K Leighton, Educational Psychologist at:[LA address]By telephone on: [LA telephone number]Or her Supervisor, Prof Tom Billington, at:Director for Centre for the Study of Children, Families and Learning Communities, School of Education, University of Sheffield,388, Glossop Road, Sheffield S10 2JABy telephone on: 0114 222 8113By email at: : t.billington@sheffield.ac.ukOr her work’s manager, Dr Jackie Lown, Principal Educational Psychologistat EPBST (address and telephone number as above)1. I understand that my responses will be kept strictly

confidential (only if true). I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. 1. I agree for the data collected from me to be used in future

research 5. I agree to take part in the above research project.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Participant Date Signature(*or legal representative*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person taking consent Date Signature(*if different from lead researcher*)*To be signed and dated in presence of the participant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Researcher Date Signature*To be signed and dated in presence of the participant*Copies:*Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the project’s main record (e.g. a site file), which must be kept in a secure location.*  |