

Pupil Consent

Title of Research Project: Experiences of school engagement: An Interpretative Phenomenological Analysis of parent and pupil perceptions of engagement with school through an initiative, 'Building Better Futures Together'.

Name of Researcher: Pamela Melville

Participant Identification Number for this project: _____ Please initial box

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw without giving any reason. But I understand that once the data has been anonymised and transcribed, I cannot withdraw my contribution. If I do not wish to answer any particular question or questions I do not have to. ☐
3. I understand that my responses will be anonymised before analysis. ☐
4. I give permission for members of the research team (University Supervisor) to access my anonymised responses. I understand that my name will not be linked with the research materials, and they will not be identified or identifiable in the report or reports that result from the research. ☐

Name of participant

Date

Signature

Parent / Carer consent:

I agree for my child to take part in the above research project. I agree to explain to my child that an Educational Psychologist will be coming into school to talk to them about their school experience. ☐

Name of parent/legal Representative

Date

Signature

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 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.