**Appendix 2: Consent form**

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| Consent form to be completed by ELSA  Title of Research Project: Effectiveness of the ELSA (Emotional Literacy Support Assistant) programme for a set of pupils attending schools in a Local Authority in England  Name 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 2JA  By telephone on: 0114 222 8113  By email at: : [t.billington@sheffield.ac.uk](mailto:t.billington@sheffield.ac.uk)  Or her work’s manager, Dr Jackie Lown, Principal Educational Psychologist  at 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.* |