**Appendix 3: Consent form for headteachers**

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| Consent Form to be completed by Headteacher or designated member of staffTitle 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 participation by the School is voluntary

and that it is free to withdraw at any time without giving any reason and without there being any negative consequences. 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 Psychologist at EPBST (address and telephone number as above)1. I understand that the responses will be kept strictly

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

future research 1. I agree for the school 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.*  |