**PArent/CarER Consent Form**

**TWITCH (Talk with Tales for Children) project:**

**Using stories and language games to promote children's talk and engagement.**

*Please answer the following questions by ticking the response that applies*

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. I agree for my child to be filmed and for the film to be used for training purposes only.
 | [ ]  | [ ]  |
| 1. I agree that the anonymised observations of my child can be included in training materials on the TWiTCH website that are accessible to registered users.
 | [ ]  | [ ]  |
| 1. I agree for anonymised observations to be used in research reports.
 | [ ]  | [ ]  |
| 1. I agree for anonymised observations to be used in training materials.
 | [ ]  | [ ]  |
| 1. I understand that observations may be retained by Sheffield Hallam University for up to 10 years after the recordings. The only personal data we keep will be your signed consent for.
 | [ ]  | [ ]  |

**Parent/Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Parent/Carer’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/setting name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher’s Name (Printed): \_\_FUFY DEMISSIE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher’s Signature: \_\_\_\_\_Fufy A Demissie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher's contact details:**

Fufy Demissie, Sheffield Hallam University, 122 Charles Street, Sheffield, S1 2NE

Work number: 01142254518 Email: f.a.demissie@shu.ac.uk

**Please keep your copy of the consent form and the information sheet together.**