

## Project Information Sheet (for subjects and parents)

Project / investigation title \_\_\_\_\_.

Student(s) carrying out the investigation

\_\_\_\_\_ phone \_\_\_\_\_.

\_\_\_\_\_ phone \_\_\_\_\_.

Supervising teacher \_\_\_\_\_ phone \_\_\_\_\_.

The aims of the study \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

How the subjects were chosen \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

How long the study will last \_\_\_\_\_.

\_\_\_\_\_.

What will happen to the subjects during the study \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Risks the subjects may be exposed to \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

What will happen to & who will see any information or samples taken from subjects?

\_\_\_\_\_.

\_\_\_\_\_.

.....

### CONSENT FORM

Title of project / investigation \_\_\_\_\_.

I have read the **attached information sheet** about the project in which I am ( my child is) participating and understand what it involves.

I have been given the opportunity to ask questions about the study and am satisfied with the answers given.

My (child's) participation is on a voluntary basis and I (they) may withdraw at any time.

I understand that my (their) participation is confidential and **no** information that could identify me (them) will be made public.

Participant \_\_\_\_\_ Signature \_\_\_\_\_.

Parent / guardian \_\_\_\_\_ Signature \_\_\_\_\_.

(if the participant is under 16)