



Deadly Koolinga Chef Program - Cooking Classes and Research Project

Information Letter and Consent Form Child

We would like to ask you to join in the kids cooking classes and learn about healthy foods, healthy cooking and healthy eating. You will learn to cook meals for your family each week and you will also take the meals home to share with them after each class. You will also learn about working safely in the kitchen and about storing food properly.

We would also like to ask you to help us know if the program is helping you learn about healthy foods, healthy cooking and healthy eating. To do this we will ask you some questions about what you know about food and what you have learned during the classes. We will record your answers so that we can see how they compare to other children in the classes. This information will help us to develop the cooking program for your community and for other communities like yours. We would also like to ask you to do a painting or drawing to tell your story about the cooking. Your painting and story will be put in an art gallery for a while for other people in the community to see. We will also write reports on the cooking project with the information that we get from everyone so that we can hopefully benefit more children like you.

I would like to come to the kids cooking classes.

I am happy for you to ask me questions to help you know if the program is helping me.

I would like to do a painting or drawing to show other people my story about the cooking.

I am happy for you to tape record or video record sessions with me

Yes

No

I am happy for you to take my picture

Yes

No

I understand that tape recordings or video recording of me will not be given to anyone else

I understand that my picture will only be used without my name in the reports

I know that if I don't want to do the cooking anymore that I can stop.

I know that I don't have to answer your questions if I don't want to.

Child's name: _____

Child's signature: _____

Date:/...../.....

Only if required:

Parent / Carer name: _____

Parent / Carer signature: _____

[if the child is too young to have a signature, writing their name is considered sufficient. See NS 4.2 for further guidance]

If the child is not able to write their name, then verbal consent is sufficient accompanied with the confirmation signature of an authorized person below:

Child's verbal consent: Date:/...../..... Time:

I acknowledge that I heard the child giving verbal consent on the day and time recorded above:

Name of researcher or authorised research member: _____

Signature of researcher or authorised research member: _____

I confirm that I have provided the Information Letter concerning this study to the child and parent / guardian. I have explained the nature and purpose of the study and have answered all questions asked of me.

Name of researcher or authorised research member: _____

Signature of researcher or authorised research member: _____

Date:/...../.....