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| Consent Form **Multinutrients and emotion regulation in children: a multiple-baseline design** | *UCPositive_fax-memo_BMP* |

***If you need an interpreter, please let us know. There will be one available upon your request.***

**Please tick to indicate you consent to the following**

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| I have read, or have had read to me in my first language, and I understand the Participant Information Sheet. | Yes 🞏 | No 🞏 |
| I have been given sufficient time to consider whether or not to participate in this study. | Yes 🞏 | No 🞏 |
| I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study. | Yes 🞏 | No 🞏 |
| I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet. | Yes 🞏 | No 🞏 |
| Both my child and I understand that taking part in this study is voluntary (mine and my child’s choice) and that I may withdraw from the study at any time without this affecting my medical care. | Yes 🞏 | No 🞏 |
| I consent to the research staff collecting and processing mine and my child’s information, including information about my child’s health. | Yes 🞏 | No 🞏 |
| If I decide to withdraw from the study, I agree that the information collected about me and my child up to the point when I withdraw may continue to be processed. | Yes 🞏 | No 🞏 |
| I consent to my GP or current provider being informed about my child’s participation in the study and of any significant abnormal results about my child’s health obtained during the study. | Yes 🞏 | No 🞏 |
| I agree to an approved auditor appointed by the New Zealand Health and Disability Ethics Committees, or any relevant regulatory authority or their approved representative reviewing my child’s relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study. | Yes 🞏 | No 🞏 |
| I understand that my and my child’s participation in this study is confidential and that no material, which could identify me or my child personally, will be used in any reports on this study. | Yes 🞏 | No 🞏 |
| I understand the compensation provisions in case of injury during the study. | Yes 🞏 | No 🞏 |
| I know who to contact if I have any questions about the study in general. | Yes 🞏 | No 🞏 |
| I understand my responsibilities as a study participant. | Yes 🞏 | No 🞏 |
| I wish to receive a summary of the results from the study. | Yes 🞏 | No 🞏 |
| I consent to the use of my child’s data for future related studies, which have been given ethical approval from the Health and Disability Ethics Committee. | Yes 🞏 | No 🞏 |

**Declaration by participant:**

I hereby consent to take part in this study.

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| Participant’s name: | |
| Signature: | Date: |

**Declaration by member of research team:**

I have given a verbal explanation of the research project to the participant, and have answered the participant’s questions about it.

I believe that the participant understands the study and has given informed consent to participate.

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| Researcher’s name: | |
| Signature: | Date: |