**[Project Name]:**

**PARENT INFORMATION SHEET**

## Background

## [Please provide details of the project evaluation here]

## What is the evaluation for?

The evaluation of [project] will help us to...

## Who’s involved?

[About the participants]

As your child is under 16, we are informing you about this work and asking your permission for them to take part. Your child can stop taking part in the evaluation at any point and this will have no impact on their future activities [related to this project]. If any responses within this [data collection method] lead to concern about the safety of your child or another child [what will you do with this information?].

This research is being led by an experienced researcher who has an approved Disclosure Scotland check. [Name any other adults who will be present] are aware that the research is taking place and will be on hand to support participants if required.

## Who is running the evaluation?

## What will the evaluation involve?

## How will the information be used?

The information gathered as part of the evaluation will help to inform... It will be part of a report given to [who will the report be shared with] and [delete if not relevant] in a public report available online and in hardcopy. The information within the report will be anonymous; meaning it won’t be possible to identify the responses of individual children.

The only exception to confidentiality would be if your child said or wrote something that raises concerns about their safety or another young person’s safety. In this case the researcher will inform [who will be informed?] so that support can be provided.

## What do I need to do now?

Speak with your child. If they are happy to take part, they will be asked to complete their own consent form. If you are happy for them to take part, you DO NOT NEED TO DO ANYTHING. This is an ‘opt out’ consent form. Only complete the attached form if you **do not** want your child to take part in the evaluation of [project name]. [How to return the form] We will then ensure you child does not take part in any evaluation activities.

## Contact for further information

If you have questions or concerns about taking part in the evaluation, please speak to [named person]. If you would like more information please get in touch with the team at:

[contact details]

Please note:

• All information collected as part of this evaluation will be treated as confidential and any personally identifying information will be removed so responses are anonymous.

• Any personal information you provide will be stored securely for a maximum of [period] following the conclusion of the research, after which it will be securely destroyed.

• [Organisation name] will conduct this evaluation in accordance with the UK Data Protection Act 1998 and the Directive on Privacy and Electronic Communications Regulations (December 2003).

**SEE ME IN SCHOOLS EVALUATION:**

**PARENT OPT-OUT CONSENT FORM**



To be completed by a parent or guardian who **does not** want their child to take part in the evaluation of See Me in Schools:

|  |  |
| --- | --- |
|  | (please tick) |
| I confirm that I understand the purpose of this evaluation and I have had the chance to read the information sheet and ask any questions I have |  |
| I **do not** wish my child to take part in this evaluation |  |

|  |  |
| --- | --- |
| Your name |  |
| Your child’s name |  |
| Signature |  |
| Date |  |

Please give the completed form to your child to return to the lead teacher (the teacher who provided the consent form and information sheet). The teacher will ensure you child does not take part in any evaluation activities.

If you have any further questions about the evaluation of See Me in Schools, please contact the team.

Laura, See Me – [Laura.sharpe@seemescotland.org](mailto:Laura.sharpe@seemescotland.org)

****Aisling, MHF – [amcbride@mentalhealth.org.uk](mailto:amcbride@mentalhealth.org.uk)