

Parent Consent Form

This study has been approved by the UCL Research Ethics Committee
[Project ID Number]: 12271/001

Title of Study: Effects of executive function training in children

Department: Clinical, Educational and Health Psychology

Name and Contact Details of the Researcher(s): Abigail Thompson, Claire Smid, Keertana Ganesan; email: dcp-lab@ucl.ac.uk

Name and Contact Details of the Principal Researcher: Nikolaus Steinbeis, 26 Bedford Way, London WC1H OAP, Tel: 0207-679-5396; email: n.steinbeis@ucl.ac.uk

Name and Contact Details of the UCL Data Protection Officer: Lee Shailer, email: l.shailer@ucl.ac.uk

Thank you for considering taking part in this research. If you have any questions arising from the Information Sheet or explanation already given to you, please ask a member of the research team before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

Please tick appropriate boxes and after completion return to us by means of the prepaid and addressed envelope:

- Yes**, I would like my child to participate in this study and wish to know more.
- No**, I do not want my child to participate in this study, but I would like to hear about future studies
- No**, I do not want my child to participate in this or any other study

I am happy for my contact details to be kept on file in case future research opportunities arise.

- Yes**
- No**

If you are **NOT SURE** you can contact Dr. Nikolaus Steinbeis on 0207 679-5396 or by email n.steinbeis@ucl.ac.uk

Dr Nikolaus Steinbeis
Associate Professor

University College London
Clinical, Educational and Health Psychology
26 Bedford Way
London, WC1H OAP
Tel: 020 7679 5396
Email: dcp-lab@ucl.ac.uk
Website: www.dcp-lab.org

If YES, please complete the following:

- I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me and my child. I have also had the opportunity to ask questions which have been answered to my satisfaction and would like my child to take part in the study.
- I understand that I may withdraw my child from the study at any time without giving a reason.
- I understand that my child's participation is voluntary and that it may withdraw from the study at any time without giving a reason. I understand that if my child decides to withdraw, any personal data it has provided up to that point will be deleted unless we agree otherwise.
- I understand that I will be able to withdraw my child's data up to a week after each testing point.
- I consent to the processing of my child's personal information, including information related to their mental health for the purposes explained to me.
- I understand that all personal information will remain confidential and that all efforts will be made to ensure my child cannot be identified. I also understand that confidentiality may be limited and conditional given that you have a duty of report to the relevant authorities of possible harm/danger to participants or others.
- I understand that my child's data gathered in this study will be stored pseudonymously and securely and that it will not be possible to identify my child in any publications.
- I understand that my child's information may be subject to review by responsible individuals from the University for monitoring and audit purposes.
- I understand the potential risks of my child's participation and the support that will be available should my child become distressed during the course of the research.
- I understand the benefits of my child participating.
- I understand that my child's data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.
- I understand that neither I nor my child will benefit financially from this study or from any possible outcome it may result in in the future.
- I understand that I will be compensated for the portion of time spent in the study in terms of travel expenses and that my child will be compensated in terms of small tokens of recognition.
- I agree that my child's pseudonymised research data may be used by others for future research.
- I understand that the information I have submitted will be published as a report and I wish to receive a copy of it (please circle). Yes/No

- I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.
- I hereby confirm that:
- (a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and
- (b) my child does not fall under the exclusion criteria.
- I agree that my child's GP may be contacted if any unexpected results are found in relation to my child's health.
- I have informed the researcher of any other research in which my child is currently involved in or has been involved in during the past 12 months.
- I am aware of who I should contact if I, or my child wish to lodge a complaint.
- I voluntarily agree to my child taking part in this study.
- I would be happy for the data my child provides to be archived at UCL's data storage facility, Safe Haven.
- I understand that other authenticated researchers will have access to my child's pseudonymised data

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite your child to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

- Yes, I would be happy to be contacted in this way
- No, I would not like to be contacted

_____	_____	_____
Parent's name	Date	Signature
_____	_____	
Phone number	email	
_____	_____	_____
Child's name	Date of birth	Child's school
_____	_____	_____
Researcher	Date	Signature