

Parent/Guardian Informed Consent for the CAASD-WS Project

Thank you for your interest in this project. Before you agree for your child/dependent to take part, the person organising the research must explain the project to you. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether for your child/dependent to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Title of project: CAASD-WS, “Cracking the pitch code in music and language: Insights from congenital amusia (CA), autism spectrum disorders (ASD) and Williams syndrome (WS)”.

This application has been reviewed by the University Research Ethics Committee and has been given a favourable ethical opinion for conduct.

Parent’s/Guardian’s Statement (Please tick each box to show you agree):

I agree for my child/dependent
to take part in this study.

	I have read the notes written above and the Information Sheet, and understand what the study involves.
	I agree that the research project named above has been explained to me to my satisfaction and I agree for my child/dependent to take part in this study.
	I understand that if I decide at any time that my child/dependent should no longer take part in this project, I can notify the researchers involved and withdraw my child/dependent from the study immediately.
	I authorise the Investigator to consult my child’s/dependent’s General Practitioner, and the General Practitioner to disclose any information which may be relevant to my child’s/dependent’s proposed participation in the project.
	I consent to the processing of my child’s/dependent’s personal information for the purposes of this research study.
	I agree that my child’s/dependent’s personal data may be stored securely within the CAASD-WS group and associated research groups, and may be used to contact us about future studies.
	I agree that my child’s/dependent’s anonymous research data may be used by other researchers. This data will be anonymised to maintain confidentiality.
	I agree that the CAASD-WS group can access data from my child’s/dependent’s previous visit(s) and link this to their data from this visit.
	I understand that I may be paid for my and my child’s/dependent’s travel expenses and that some of my personal details will be passed to Reading Finance for administration purposes.
	I understand that parts of my child’s/dependent’s participation may be audio

☐ recorded and I consent to use of this material as part of the project.

☐ I understand that parts of my child's/dependent's participation may be video recorded and I consent to use of this material as part of the project. Videos will only be viewed by members of the CAASD-WS group and will not be shared beyond this group. **[Optional – you can leave this blank for no videos and your child/dependent can still take part in all the other parts of the study]**

Name of parent/guardian [printed]

Signature

Date

Name of Researcher [printed]

Signature

Date