

Parent or Guardian	n Consent Form	
Dear,		
My name is		
I am conducting a focus group as part of t invite your child to participate.	the	programme and I would like to
experiences and provision in their schools a 30 minute focus group which will be led information gathered will be kept confide	ng the attitudes of young people towards t s and communities. The students will take <sub>I</sub> I by the students. It will also be recorded. A ential and will only be viewed by researcher	part in All of the
<b>Study location and timing</b> The focus groups will take place within scl and should last about 30 minutes.	hool premises on the /	/ , at
Possible Risks and Discomforts Participants are free to not answer any qu	nestion if preferred. Please note, this risk ha	s been considered low.
Confidentiality Data collected may be reported in however, personal information will be trea will be made between participants' identi	ated in the strictest confidence and no asso ities and the data collected.	ociation
The results from the study can be remove	ne study at any time, without providing an e ed up to three weeks after the interview has ailable to you on request at the end of the	s been
If you have an	ny queries please do not hesitate to ask qu	estions.
I agree to allow	to take part in the	Focus Group.
Name (please print):	Date:	
Signature:		