Informed Consent for Scoping and Feasibility Study to Inform the Development of a Young People’s Sensory Service (YPSS) in Dundee

**Yes No**

1. **Taking part in the study**

I have read the Participant Information Sheet, or it has been read to me. I have   
been able to ask questions about the study and my questions have been answered   
to my satisfaction.

I consent voluntarily for my child to be a participant in this study and understand that

my child can refuse to answer questions and I or my child can withdraw from the study

at any time during data collection, without having to give a reason.

I understand that taking part in the study involves my child completing a questionnaire

which will take up to 15 minutes.

1. **Use of the information in the study**

I understand that the information my child provides will be used to prepare a final

report for NESS. Additionally, it may be used for conference presentations and

research papers.

I agree that anonymised direct quotes can be used in the final report and any research

outputs.

1. **Signatures**

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Participant’s Name Participant’s Signature Date

By signing above, you are indicating that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

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Name of Researcher Signature of Researcher Date

*For participants who have difficulty reading the Participant Information Sheet and Consent Form, and/or signing the consent form, there is an alternative form of gaining informed consent.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ *[researcher completes participant’s name and date]*

Participant’s Name Date

Participants unable to sign their name should mark the box instead of signing

I have accurately read out the Participant Information Sheet and Consent Form to the potential participant. To the best of my ability, I have ensured that the participant understands what they are freely consenting to and have completed the Consent Form in accordance with their wishes.

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Name of Researcher Signature of Researcher Date

I have witnessed the accurate reading of the Participant Information Sheet and Consent Form with the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

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Name of Witness Signature of Witness Date

*If the participant is unable to mark the box but is able to indicate consent orally, or in another manner, then the signatures of the witness and the researcher will be sufficient. In such cases the researcher should indicate below how consent was given:*

Form of consent for participants unable to provide a signature or to mark the box:

1. **Study contact details for further information**

*Dr Beth Hannah* [*e.hannah@dundee.ac.uk*](mailto:e.hannah@dundee.ac.uk)

1. **Alternative formats**

Please let me know if you would like a copy of the Participant Information Sheet and Consent Form in alternative formats (e.g., large print, Braille).