CONSULTATIONS ON <NAME OF PROJECT>
Consent form for Child/Young Person

# Would you like to participate?

I
(*please print name)*

agree to take part in the consultations on <*focus of consultations*>.
My parents/carers have agreed for me to take part in the consultations as well.

I know/understand *(please tick the box):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. What I need to do at the consultations and the time it will take.
 | Yes |  | No |  |
| 1. It is okay for me to stop being part of the project whenever I want to.
 | Yes |  | No |  |
| 1. If something makes me feel upset during the consultations, the project will be stopped. My parents/carers will be told and we will be given the names of people I can talk to about what is making me upset, if that is what I want to do.
 | Yes |  | No |  |
| 1. What I say will be written down or video/audio recorded.
 | Yes |  | No |  |
| 1. What I say might be quoted in a report prepared by <*organisation*>, on their website or in their newsletter. If it is used, I will not be identified and my name will not be used.
 | Yes |  | No |  |
| 1. The only time you would have to tell someone what I said is if you were worried:
* that I might be badly hurt by someone
* that I am not being cared for properly
* that I might hurt myself
* that I might hurt someone else.
 | Yes |  | No |  |

I agree that my photo may be taken and may be used in the <*organisation’s*> report. I will not be identified and my name will not be used.

YES NO

My name:

My age: years and months

My signature: Date:

School/centre:

### Thank you for your help!