Central Remedial Clinic­

**PARTICIPANT CONSENT FORM**

|  |  |
| --- | --- |
| **RESEARCH STUDY TITLE:** |  |
| **SITE:** |  |
| **Principal Investigator(s) and Co-Investigator(s)** |  |
| **IDENTIFICATION NUMBER OF STUDY (if applicable):** |  |

|  |
| --- |
| **RESEARCH STUDY PURPOSE:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Each section has a statement and asks you to indicate your consent. Please ask any questions you may have when reading each of the statements.** | | |
| Checklist RTL   * I have read and understood the **Information Leaflet** about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. | Yes | No |
| * I have been given a copy of the Participant Information Leaflet and **Privacy Notice** for my records. | Yes | No |
| Euro   * I understand that there is no payment available for taking part in this research. | Yes | No |
| Microscope   * I understand that there are no direct benefits because of my child’s participation in this research. I understand that results from analysis of my child’s data will not be given to me. | Yes | No |
| Contract RTL   * I understand the requirements of my child’s participation and that I am **free to withdraw at any time** and that opting out will not affect my child’s future care. | Yes | No |
| * I understand that **my child’s personal data and sensitive data** (health-related data) will be processed by the CRC for this research purpose. | Yes | No |
| Video_camera2   * I understand and agreethat the interview/observations will be recorded as **images/video/audiotape** and used only for the purpose of this research. | Yes | No |
| Presentation with media   * I agree that the research including anonymised **images/video/audiotape** can be presented at conferences/seminars/workshops for the purpose of research and education both inside and outside the CRC. | Yes | No |
| Presentation with media   * I agree that my child’s **pictures/videos** can be presented at conferences/seminars/workshops with their face showing for the purpose of research and education both inside and outside the CRC. | Yes | No |
| * I understand that data collected during this study will be anonymised before publication and that no identifying information about me will be published. | Yes | No |
| C:\Users\skilrane\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\C2799F26.tmp   * I am aware of any potential risks of this study and that the data will only be accessed and used by the researcher. | Yes | No |
| Briefcase   * I understand that the data will be stored securely and will then be destroyed securely. | Yes | No |
| Receiver   * I understand that if I have any questions concerning this research, I can contact the CRC at any time. | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Participant’s Name**  **(Block Capitals)** | **Parent/Guardian Name**  **(Block Capitals)** | **Parent/Guardian Signature** | **Date** |

|  |  |
| --- | --- |
| **Contact Details:** |  |

**To be completed by the Principal Investigator or nominee.**

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of participation in this research in a way that they can understand. I have explained the risks involved as well as any possible benefits. I have invited them to ask questions on any aspect of the research that concerned them and have provided contact details if questions arise in the future.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name**  **(Block Capitals)** | **Signature** | **Date** |

The Central Remedial Clinic (CRC) is a representative organisation and service provider for people with disabilities. Please note that the CRC collects your name and contact details in order to obtain your consent.

Your personal data will be stored in a secure location and only authorised staff will have access to it in accordance with GDPR guidelines (the General Data Protection Regulation). Your information shall not be disclosed to any other party without prior written consent and will be kept for as long as it is relevant and after that time securely destroyed.

You can exercise your right to withdraw consent to the use of your data at any time by contacting the Principal Investigator at <insert email>, <insert contact number> or by contacting CRC’s Data Protection Officer at [dpo@crc.ie](mailto:dpo@crc.ie), 01 854 2200.

Our Privacy Notice can be found on our website at: [www.crc.ie](http://www.crc.ie)

**The original signed copy of this form should be retained for records. A copy should be given to the participant.**