CONSULTATIONS ON <NAME OF PROJECT>  
Parent/Carer Consent Form

Please complete this form and return to <*name of school, centre, organisation etc*> by <*date*>.

I

(*please print name of parent)*

declare that I have legal responsibility for

(*please print name of child)*

and I am legally competent to give consent to his/her participation in <*name of project*> to be held on <*date*>

In giving my consent, I:

*(NOTE: Not all of these dot points may be relevant to your project)*

* Am happy for my child to participate in <*project name*>.
* Have read the information about the project and understand what is involved.
* Have discussed participation in the project with my child and they are willing to take part.
* Understand that <*name of organisation*> is conducting the <*consultation/focus group etc*> and that a <*teacher/centre worker etc*> may also participate.
* Understand that the consultation will be audio/video recorded and that quotes may be used in the report, on the <*name of organisation’s*> website or other materials, but that my child’s name or any identifying information will not be used.

(*please tick ‘Yes’ if you agree and ‘No’ if you do not agree*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * I agree to the consultation being recorded and quotes being used   + I understand that my child’s photo may be taken and used in the report, on the <*name of organisation’s*> website or other materials, but that my child’s name or any identifying information will not be used. | Yes |  | No |  |
| * I agree to my child’s photo being taken and used in the report | Yes |  | No |  |

### Details of Parent/Carer

Name

Signature

Date

Phone