**LINKS Informed Consent Form A**

**Parents / Legal Guardians (\*)**

(*\*) In case of one single signature, the parental responsibility (legal guardianship) is exercised by the subscriber also in the name and on behalf of the non-signatory parent, due to the situation which makes it impossible or difficult for the subscription of the consent by the non-signatory parent. The signatory parent shall maintain LINKS partners exempt from any burden and harmful consequences arising from the single subscription.*

**Consent for Participation in Interview/Survey**

We have read the foregoing Participant Information Sheet, or it has been read or explained to us, about the purposes of the LINKS project, funded by the European Commission (Horizon 2020, Grant No. 883490), that provides information on the project scope and objectives, what kind of questions they will ask the child, on the confidentiality the child’s answers, and on the use and storage of the child’s data.

We agree that the child participates in the research that is part of the project task [*add the task number and name*], led by [*add the name of the research task leader*]. We understand that the purpose of this interview/survey is to [*explain briefly the purpose of the activity*].

Thus,

We voluntarily consent to the participation of the child in this study.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that the child will not be paid for their participation.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that we are free to withdraw the participation of the child at any time, without giving explanation, and without negative consequences.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that the participation of the child will take approximately [*add time needed for the interview*], and that the child will be interviewed by [*add the name of the researcher(s) that will do the interview*] from [*add the name of the institution of the researcher(s)*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that the use of the child’s name/real identity will not be used in the processed research data and results.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We consent to having any information the child provides to be processed and used:

* For research purposes.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

* For dissemination or results (e.g. peer-reviewed papers, conferences).

Legal Guardian 1 🖵 Legal Guardian 2 🖵

* For project marketing (e.g. on social media).

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We consent to the researchers using automated systems of transcription for processing of the child’s interview [*only relevant if the researcher plans to use these services*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have been provided with contact details so that we can reach the researchers at any time to ask questions about the use of the child’s data and share any other enquiries.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have had the opportunity to ask questions about the project and any questions that we have asked have been answered to our satisfaction.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have received a copy of the Participant Information Sheet [*only if it has been provided to the participant in written form*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

[*Only for interviews*] Regarding the use of supporting technologies during the child’s interview:

We give our consent to having pictures taken during the interview and to having them used for the purposes of the project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We give our consent to having the audio of this interview recorded and used for the purposes of the project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We give our consent to having videos taken of the interview and to having them used for the purposes of the project. In this case, we understand that anonymity is not possible and we give our consent to sharing the videos for the purposes of the research project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

Legal Guardian 1

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………. ……. Address ……………………………………

Phone / Mobile ………………………………………………………...

Signature……………………………………Date (Day/month/year) ………………………………………………….

Legal Guardian 2

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………. ……. Address ……………………………………

Phone / Mobile ………………………………………………………...

Signature……………………………………Date (Day/month/year) ………………………………………………….

Child

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………………Address ……………………………………

**If unable to read the form without aid:**

I have witnessed the accurate reading of the informed consent form to the parents / legal guardians of the potential participant, and the parents / legal guardians have had the opportunity to ask questions. I confirm that the parents / legal guardians have given their consent freely and have understood the purposes of the research, the use/storage of the data, and that they are free to withdraw the participation of the child from the research at any time.

Print the full name of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Signature of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

Statement by the person recording consent:

I have accurately provided and read out the Participant Information Sheet to the parents / legal guardians of the potential participant, and to the best of my ability have made sure that the parents / legal guardians of the participant understands that the following will be done: [*description of the activity*].

I confirm that the parents / legal guardians of the participant were given an opportunity to ask questions about the study, and that all the questions asked by the parents / legal guardians of the participant have been answered honestly and to the best of my ability.

I confirm that the parents / legal guardians have not been coerced into giving consent, and that the consent has been given freely and voluntarily.

I confirm that the minor has also provided oral consent to participate to the activity and that the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the parents / legal guardians of the participant.

Print the full name of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature the of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

**LINKS Informed Consent Form B**

**Parents / Legal Guardians (\*)**

(*\*) In case of one single signature, the parental responsibility (legal guardianship) is exercised by the subscriber also in the name and on behalf of the non-signatory parent, due to the situation which makes it impossible or difficult for the subscription of the consent by the non-signatory parent. The signatory parent shall maintain LINKS partners exempt from any burden and harmful consequences arising from the single subscription.*

**Consent for Participation in LINKS Community Workshop (LCW)**

We have read the foregoing Participant Information Sheet, or it has been read or explained to us, about the purposes of the LINKS project, funded by the European Commission (Horizon 2020, Grant No. 883490), that provides information on the project scope and objectives, and the format and purpose of the LINKS Community Workshop (LCW).We have received information on the plan of the LCW and on the activities the child will be asked to participate in.

We agree that the child participates in the research that is part of the project task [*add the task number and name*], led by [*add the name of the scientific task leader*]. We understand that the purpose of this LCW is to [*explain briefly the purpose of the workshop*].

Thus,

We voluntarily consent to the participation of the child in this study.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that the child will not be paid for their participation.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that we are free to withdraw the participation of the child at any time, without giving explanation, and without negative consequences.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that the LCW will be held for approximately [*add the duration of the workshop*], and that the LCW will be led by [*add the name of the researcher(s) that will lead the workshop*] from [*add the name of the institution of the researcher(s)*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We consent to having any information the child provides to be processed and used:

* For research purposes.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

* For dissemination or results (e.g. peer-reviewed papers, conferences).

Legal Guardian 1 🖵 Legal Guardian 2 🖵

* For project marketing (e.g. on social media).

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We consent to having the researchers use automated systems of transcription for processing the child’s information [*only relevant if the researcher plans to use these services*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have been provided contact details so that we can reach the researchers at any time to ask questions about the use of the child’s data and any other enquiries.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have had the opportunity to ask questions about the project and any questions we have asked have been answered to our satisfaction.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We have received a copy of the Participant Information Sheet [*only if it has been provided to the participant in written form*].

Legal Guardian 1 🖵 Legal Guardian 2 🖵

Regarding the use of supporting technologies during the LCW:

We understand that pictures may be taken of the child during the LCW and we give our consent to using/sharing them for the purposes of the project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that audio may be recorded of the child during the LCW and we give our consent to using/sharing it for the purposes of the project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

We understand that videos may be taken of the child during the LCW and we give our consent to using/sharing them for the purposes of the project.

Legal Guardian 1 🖵 Legal Guardian 2 🖵

Legal Guardian 1

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………. ……. Address ……………………………………

Phone / Mobile ………………………………………………………...

Signature……………………………………Date (Day/month/year)………………………………………………….

Legal Guardian 2

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………. ……. Address ……………………………………

Phone / Mobile ………………………………………………………...

Signature……………………………………Date (Day/month/year)………………………………………………….

Child

First name ………………………………… Last name …………………………………….…………….

Born in ……………………………………. on the ……………………………………

Residing in …………………………… Town. ………………Address ……………………………………

**If unable to read the form without aid:**

I have witnessed the accurate reading of the informed consent form to the parents / legal guardians of the potential participant, and the parents / legal guardians have had the opportunity to ask questions. I confirm that the parents / legal guardians have given their consent freely and have understood the purposes of the research, the use/storage of the data, and that they are free to withdraw the participation of the child from the research at any time.

Print the full name of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Signature the of witness \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

Statement by the researcher/person taking consent:

I have accurately provided and read out the Participant Information Sheet to the parents / legal guardians of the potential participant, and to the best of my ability have made sure that the parents / legal guardians of the participant understands that the following will be done:

Participation in a LINKS Community Workshop. The LCW results will be used for [*add information*].

I confirm that the parents / legal guardians of the participant were given an opportunity to ask questions about the study, and that all the questions asked by the parents / legal guardians of the participant have been answered honestly and to the best of my ability.

I confirm that the parents / legal guardians have not been coerced into giving consent, and that the consent has been given freely and voluntarily.

I confirm that the minor has also provided oral consent to participate to the activity and that the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the parents / legal guardians of the participant.

Print the full name of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year