
School of Psychology
Keynes College
University of Kent
Canterbury, CT2 7NP

**HEAD TEACHER CONSENT FORM
(for parental opt-out consent process)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Project:** |  | **Ethics Approval Number:** |  |
|  |   |  |  |
| **Investigator(s):** |  | **Researcher Email:** |  |

Please read the following statements and, if you agree, initial the corresponding box to confirm agreement:

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
| The above study has been fully explained to me and I have had the opportunity to ask questions. |  |  |
|  |  |  |
| Parents/guardians of each child participating in this study have been fully informed about the nature of the research by letter sent home to parents/guardians on [date] |  |  |
|  |  |  |
| Parents/guardians have been given a reasonable period of time [INDICATE TIME: MUST BE AT LEAST 2 WEEKS] to withdraw their child from participating in the study. |  |  |
|  |  |  |
| I am willing to act *in loco parentis* in regard to consenting children whose parents have not contacted me (to indicate opt-out), into the study.  |  |  |

Signatures:

|  |  |  |
| --- | --- | --- |
|  Name of Head Teacher (block capitals) | Date | Signature |
| Researcher (block capitals) | Date | Signature |

If you would like a copy of this consent form to keep, please ask the researcher. If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk. Alternatively, you can contact us by post at: Ethics Committee Chair, School of Psychology, University of Kent, Canterbury, CT2 7NP.