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**The impact of an outreach series on students’ knowledge, skills and attitude to medicine and the application process.**

**Consent Form ( Parent/Guardian to complete)**

Please complete and sign the consent form below, if you are happy for your child to take part in the questionnaire, which will evaluate the impact of the training package

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| --- | --- | --- |
|  | **Activities** | Initials |
| 1 | I confirm that I have read the attached information sheet (**Version 2, Date 24/3/22**) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. |  |
| 2 | I understand that my child’s participation in the study is voluntary and that I am free to withdraw them at any time without giving a reason and without detriment to myself. I understand that once my child has submitted one of the questionnaires it will not be possible to remove their data from the project, because they are collected anonymously.  I agree for my child to take part on this basis. |  |
| 5 | I agree that any data collected may be included in anonymous form in **publications and conference presentations.** |  |
| 6 | I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child’s anonymous data. |  |
| 9 | I agree for my child to take part in this study. |  |

**Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the** [**Privacy Notice for Research Participants**](http://documents.manchester.ac.uk/display.aspx?DocID=37095)**.**

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Name of Child Participant

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Name of Parent /Guardian Signature Date

Copies of the consent form: 1 copy for the participant, 1 copy for the research team (original)