**Promoting Education and Employment Resources for**

**People with Intellectual Disabilities in Ireland**

**(PEER-4-ID Project)**

**Parents/carers Consent Form**

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

**Title of Study:** “Promoting Education and Employment Resources for People with Intellectual Disabilities in Ireland” (PEER-4-ID)

**Department:** School of Education, Trinity Centre for People with Intellectual Disabilities (TCPID)

**Name and Contact Details of the:**

**Principal Researcher**: Dr Donatella Camedda

Email: cameddad@tcd.ie

**Research Assistant:** Catherine Murray

Email: murrac56@tcd.ie

**Contact Details of Trinity College Dublin Data Protection Officer:**

Address: Data Protection Office

Secretary’s Office

Trinity College Dublin

Dublin 2

Ireland

Email: dataprotection@tcd.ie

**This study has been approved by Trinity College Dublin Research Ethics Committee -**

**Project ID number:**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the information sheet or explanation already given, please ask the researchers before deciding whether to join. You will be given a copy of this Consent Form to keep and refer to at any time.

* I confirm that I understand that by ticking each box below, I consent to this element of the study.
* I understand that it will be assumed that unticked boxes mean that I DO NOT consent to that part of the study.
* I understand that I may be deemed ineligible for the study by not giving consent for any element

|  |  |
| --- | --- |
|  | Tick Box |
| I confirm that I have read/watched/listened to and understood the Information Sheet/information video for the above study.  I have had an opportunity to consider the information and what will be expected of me.  I have also had the opportunity to ask questions, which have been answered satisfactorily.  I would like to participate in the interview and focus group. |  |
| I understand that I can withdraw my data up to 4 weeks after the interview and focus group. |  |
| I understand that my personal information (Name, email, opinions) will be collected) and will be used for the purposes explained to me. My information will only be used with my consent. |  |
| I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified.  I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications. |  |
| I understand that the research team will only access my information to anonymise and analyse the data. |  |
| I understand that my participation is voluntary and that I can withdraw at any time without a reason.  I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise. |  |
| I understand the potential risks of participating and the support that will be available to me should I become distressed during the research. |  |
| I understand the direct/indirect benefits of participating. |  |
| I understand that the data will not be made available to any commercial organisations, but it is solely the responsibility of the researcher(s) undertaking this study. |  |
| I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future. |  |
| I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. | YES/NO |
| I consent to my interview being audio/video recorded and understand that the recordings will be destroyed 4 weeks after the data has been collected following transcription. |  |
| I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher. |  |
| I am aware of who I should contact if I wish to lodge a complaint. |  |
| I voluntarily agree to take part in this study. |  |

**If you would like your contact details to be retained so that you can be contacted in the future by Trinity College Dublin researchers who would like to invite you to participate in follow-up studies to this project or in future studies of a similar nature, please tick the appropriate box below.**

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|  | Yes, I would be happy to be contacted in this way |
|  | No, I would not like to be contacted. |

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Name of participant Date Signature

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Researcher Date Signature