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| **Parental Information Sheet**  [TITLE OF PROJECT] |
| It is important to be aware of information that is provided by the Department of Psychology about the general terms and conditions that apply with respect to the processing of personal data. Please consult :-    <https://wiki.york.ac.uk/display/PsySharedDocs/Key+information+about+GDPR> |
| 1. **Background**   The University of York [name all other collaborators here] would like to invite you to allow your child take part in the following research project.  Before agreeing to take part, please read this information sheet carefully and let us know if anything is unclear or you would like further information.  Please note that if, in the course of our study, we discover something that raises concerns about your child’s safety or the safety of others, we are obliged to seek further expert help and advice. |
| 1. **What is the purpose of the study?**     The study is designed to [edit] |
| 1. **Why is my child being invited to take part?**     The invitation relates to a research project that depends on testing children [of the following profile] … |
| 1. **Do I have to agree to allow my child to be tested?**     No, participation is optional. If you do decide to go ahead, you will be given a copy of this information sheet for your records and will be asked to complete a consent form. If you change your mind at any point during the study, you will be able to withdraw your child’s participation without having to provide a reason. |
| 1. **What will my child be asked to do?**   [Describe in non-technical terms what the child will be asked to] |
| 1. **Where will the research sessions take place?**   Testing will take place at [provide the location where the testing will take place]. Every effort will be made to ensure that the research sessions are as enjoyable and relaxed as possible for the children. The total testing time should not exceed [time]. |
| 1. **Who will run the testing sessions?**   All our researchers have Disclosure and Barring Service (DBS, formerly, Criminal Record Bureau, CRB) clearance for working with children. [Experimenter(s)] will meet with and test the children taking part. |
| 1. **Will you share my child’s data with 3rd parties?**     No. Data will be accessible to the project team at York only.    **OR**    Yes. The following third parties will have access to your child’s data for the following purposes [edit]  Anonymised data may be reused by the research team or other third parties for secondary research and/or teaching purposes. |
| 1. **Will you transfer my child’s data internationally?**     No.    OR  [Specify exactly the sort of international data transfer that will be undertaken and why] |
| 1. **Will my child be identified in any research outputs?**   No  OR  Not without your written consent. |
| 1. **Questions or concerns**     If you have any questions about this information sheet or concerns about how your child’s data is being processed, please contact [edit – PI’s name] in the first instance. If you are still dissatisfied, please contact the University’s Acting Data Protection Officer at dataprotection@york.ac.uk.  Contact Details: [PI’s Name] Department of Psychology,  The University of York, York, YO10 5DD  Phone: 01904 32xxxx E-mail: [edit] |