**The Disability Poverty Campaign Group & Save the Children**

**Consent form to participate in engagement session about local support for children and families**

**Statement by participant:**

1. I confirm that I have understood the **Information Sheet** for this research. This may have been communicated through reading the information sheet or verbally by a member of the research team. I have been informed of the purpose, potential harms and benefits of taking part.
2. I know how my personal data will be used and whom it will be shared with.
3. I understand what I will be asked to do, and any questions have been answered to my satisfaction.
4. I understand that my participation is entirely voluntary, and that I can withdraw at any time.
5. I understand that I can choose not to share any personal information, or respond to any of the questions posed in the discussion
6. I understand that if I share any information about a child or adult being harmed or at risk of harm, the Disability Poverty Campaign Group has a duty to follow their Safeguarding procedures.
7. I consent to the processing of my personal data and understand that I can withdraw consent for my personal information to be processed at any time by contacting roisin.spencer@disabilityrightsuk.org

**Please tell us below whether you consent to us using your child’s data in the following ways by ticking the relevant boxes**:

|  |  |
| --- | --- |
| To inform the strategy |  |
| To inform our work at the Disability Poverty Campaign Group & Save the Children UK |  |
| To be published as anonymous quotes |  |

**Please read the following statement carefully and indicate by ticking the box whether you consent to the workshop being recorded.**

|  |  |
| --- | --- |
| I consent to taking part in the engagement session |  |
| I consent to the session being recorded and transcribed for this research. I understand that any AI transcription or recording will be used solely for the purposes of the research and deleted as soon as no longer required. If I do not agree to recording or transcription I do not have to continue taking part in the session, and the Disability Poverty Campaign Group and/or Save the Children may make alternative arrangements for me. |  |

|  |  |
| --- | --- |
| Participant’s Name |  |
| Participant’s Signature |  |
| Phone Number |  |
| Email Address |  |
| Date: |  |

**Statement by facilitator:**

* I have explained this project to this participant together with the implications of participation without bias, and I believe that the consent is informed and that s/he understands the implications of participation

|  |  |
| --- | --- |
| Researcher’s Name |  |
| Researcher’s signature |  |
| Date: |  |