

Care support professional or family member consent form

Project title: What do young people with learning disabilities think about having children?

Researcher: Katrina Rose, PhD student at Newcastle University

Please tick where appropriate:

- | | |
|--|--------------------------|
| 1. I have read and understand the information sheet | <input type="checkbox"/> |
| 2. I have been able to ask questions about the research and I am happy with the answers given | <input type="checkbox"/> |
| 3. I understand that my participation in this research is voluntary | <input type="checkbox"/> |
| 4. I understand that I can withdraw from the research at any time, and that I don't need to give any explanation for this | <input type="checkbox"/> |
| 5. I agree for the interview to be audio recorded | <input type="checkbox"/> |
| 6. I understand that what I say will be kept confidential and that any personal details (e.g. my name) will be changed to protect my identity | <input type="checkbox"/> |
| 7. I understand how my answers will be used in the research, and the sharing and archiving of the data have been explained to me | <input type="checkbox"/> |
| 8. I understand that I should only share information I am comfortable talking about | <input type="checkbox"/> |
| 9. I understand that relevant safeguarding policies and procedures will be followed if I disclose information indicating risk or harm to any individual(s) | <input type="checkbox"/> |
| 10. I am happy to take part in this research | <input type="checkbox"/> |

Participant name:

Participant signature:

Once completed please return to Katrina and for any further questions please contact parenthoodstudy@newcastle.ac.uk