



Understanding young people's experiences of early their obsessive-compulsive signs emerging at 4-10 years

Parental Consent Form

In order for your child to be able to participate in this research study, it is necessary that you give your informed consent. By completing **ALL** the boxes below, you are indicating that you understand the nature of the research study, your child's role in that research and that you are providing informed consent for your child to participate in the research.

Please read each point below and place your initials in each box to show agreement before consenting for your child to participate:

1	I confirm that I have read the participant information sheet (Version 2, Date 29.07.2023) for the above study. I confirm that I know how I can ask any questions about this research. If I have asked any questions, I am satisfied with the answers provided.	
2	I confirm that my child is between the ages of 16 and 22, lives in the UK and meets the following criteria: (1) My child has a diagnosis of OCD. (2) My child has shown signs of having OCD by the age of 10.	
3	I understand that taking part is voluntary and that my child is free to withdraw at any time during the study, without giving a reason and with no negative consequence to themselves. I understand that it may not be possible to remove my child's (questionnaire and interview) data from the project once their final responses are submitted, as it will not be possible to identify their responses from other participants.	

4	I agree for my child to be audio recorded during the interview.	
5	I agree that any data collected will be reported in professional journals and presentations, and shared with charities and with other study participants. It will be impossible to identify my child from any information provided as any names used will be removed.	
6	I agree that any research data collected may be made available to other researchers.	
7	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 data.	
8	I agree that word for word quotes of what my child said will be used in the research. I understand these will be secured so others will not be able to identify my child.	
9	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the participant information sheet.	
10	I agree for my child to take part in this study which includes both the interview and the three questionnaires.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with Data Protection Law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).

Signed: (On Qualtrics I will put please type your name to sign here.) _____

Name of child: _____

Date: _____

Contact Details:

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