

MILLION HOURS FUND EVALUATION

CONSENT FORM FOR TAKING PART IN EVALUATION ACTIVITIES: PARENT / GUARDIAN

RSM UK Consulting (an independent research company) and Leaders Unlocked have been contracted by the Department for Culture, Media & Sport (DCMS) and The National Lottery Community Fund to evaluate the Million Hours Fund.

This form should be completed by **the parent or legal guardian of anyone aged under 16** who is taking part in the Million Hours Fund evaluation. This includes both interviews and focus group discussions – please refer to the accompanying information sheet.

Please tick one option per row

I confirm that I am the parent/legal guardian of a child under 16 taking part in the evaluation activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that the purpose of the evaluation activities and what my child's participation entails has been communicated to us via an information sheet and is understood.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child's participation is entirely voluntary and that, even after I give my consent, my child can choose not to take part.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child may withdraw from the evaluation up to two weeks after the interview and / or group discussion.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child may skip any questions they don't wish to answer or withdraw their participation at any time.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree that any information provided by my child can be used as part of the MHF evaluation as set out in the information sheet provided and that this evaluation may be published, but that my child will not personally be identified. This means that my child's name will not be used in any report or any other materials written as a result of the evaluation activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree that any information provided by my child can be shared with DCMS and The National Lottery Community Fund as part of the results of this evaluation but that this will be combined with other responses and anonymised.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that I have had any questions about the evaluation activities answered to my satisfaction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree for my child to take part in an interview and/or focus group discussion during the period of the project.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree for notes to be taken to record the focus group discussions and interviews for analysis purposes. An audio recording may also be taken for the sole purpose of ensuring written notes are accurate. I understand that the recording and notes will be stored and securely destroyed as set out in the information sheet. I understand that the recording and notes will not be passed onto the DCMS and The National Lottery Community Fund.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of child:

Parent/guardian name:

Parent/guardian signature:Date: / /

Please return a signed copy to the youth club / organisation that shared this with you