**Forest school INterventions for Children’s Health (FINCH): a feasibility cluster randomised control trial**

# **Interview Consent Form (Parent/Carer Interview)**

Version 1.0: 11 March 2025

**Please read the following statements and write your initials in each box if you agree with the statement.**

|  |  |
| --- | --- |
|  | **Initials** |
| **1** | I confirm that I have read the Participant Information Sheet dated **11 March 2025 (Version 1.0)**  |  |
| **2** | I confirm that I have had the opportunity to ask questions, discuss the study and have received satisfactory answers. |  |
| **3** | I confirm that I have enough information about the study and understand what the study involves for me. |  |
| **4** | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. Should I withdraw, the information collected so far cannot be deleted and that this information may be used in the analysis. |  |
| **5** | I give permission for the study research group to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.  |  |
| **6** | I understand that the research team will store my personal details to contact me for participation in the study. I give my permission for this information to be kept so I can be contacted about the study. |  |
| **7** | I understand that the anonymised information collected about me may be used to support other research in the future and may be shared with other researchers. |  |
| **8** | I give permission for the interview I participate in to be recorded. I am aware that the recording will be permanently destroyed after the transcription process and that during the transcription all identifiable information (e.g., names) will be removed. |  |
| **9** | I am aware that anonymised quotes may be extracted from the transcriptions and reported in study outputs. I understand that no identifying information will be linked with any quotes used.  |  |
| **11** | I am aware that all information I share will be treated in confidence. In the unlikely event any information is shared which poses a significant risk to health/life the relevant authorities will be informed in collaboration with the individual in question.  |  |
| **12** | **I agree to the above statements, and I agree to take part in the study.** |  |

**Participant Name (Parent):**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Participant Signature:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**School in which the child attends:**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Date:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Researcher Name:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Researcher Signature:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Date:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_