## **Statement of Informed Consent from Parents/Caregivers of Children**

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| **Name of the NGO / Agency / Organization:** | **Consent code:** |
| **Date:** | **Name of Facilitator:** |
| **[Province:]** | **Name of Notetaker:** |
| **[District:]** | **Name of child:** |
| **[Community/location:]** | **Age & gender of child:** |

**Permission from Parents/ Tutors or from Teachers/ Principals for Consultations with Children**

Title: Identification of educational needs of children in [country name]

Hello! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We would like your child, (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in a consultation with other children. We would like to ask your child questions about education and risks. Your child would participate in several interactive activities so that we can better understand their experiences with education.

You have the right to refuse your child’s participation in the study if you wish. If you become uncomfortable or no longer wish for your child to participate, you can request for your child to be let out of the consultation at any time. Similarly, your child can refuse to participate or decide to stop at any time. It’s okay. There is no penalty.

If you allow your child to participate, the information he/she provides will remain confidential. It will not be shared with you, or any other person. We will keep your child’s participation undisclosed, and your child and or his / her name will never be identified individually.

We do not have any money or gifts to offer for participation, but we know that your child’s participation may provide information that can help improve educational and protection programmes for your community.

If we hear allegations of child abuse or mistreatment, we are under obligation to report it.

If you have any questions about the exercise, you may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If your child would like to talk to someone about how he/she feels as a result of questions asked or issues discussed during this consultation, you may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CONSENT FOR CHILDREN**

I consent for the child names below to participate in the consultation.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/ caregiver consenting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Thumbprint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person obtaining consent (enumerator/ staff member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_