

**Parental consent form for children to be involved
 'Evaluation of the Youth Education and Support Program'
 Project ID: 27733**

NOTE: This consent form will remain with the Monash University researcher for their records

I agree that _____ (child/ren's names) may take part in the above Monash University research project. The project has been explained to me, and I have read the Explanatory Statement, which I keep for my records.

I understand that mine and my child/ren's deidentified data that is provided during this research may be used by the research team in future projects.

I understand that mine and my child/ren's data will be stored securely and only accessible by the research team.

I understand that mine and my child/ren's de-identified data will be uploaded to a clinical trial repository and/or database and may be shared with other researchers.

I understand that after five years, mine and my child/ren's data will be destroyed by the researchers.

I understand that agreeing to take part means that I am willing to allow _____ (child/ren's names) to:	Yes	No
Attend the Youth Education and Support program at their school	<input type="checkbox"/>	<input type="checkbox"/>
Complete questionnaires a week before, immediately after and 3 months after the program	<input type="checkbox"/>	<input type="checkbox"/>
Be observed during the program by a member of the research team	<input type="checkbox"/>	<input type="checkbox"/>
Complete questionnaires approximately 1 year after the program	<input type="checkbox"/>	<input type="checkbox"/>

Child's name	Child's D.O.B	Child's Gender	Child's Race/Ethnicity	Child's Grade



The following questions seek to gather demographic information of parents/guardians legally responsible for the care of the participant.

	Yes	No
Has a parent/guardian ever experienced a mental illness or mental health challenge (e.g. depression, anxiety, substance misuse)	<input type="checkbox"/>	<input type="checkbox"/>
Does a parent/guardian currently experience a mental illness or mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Parent/Guardian: _____

Parent/Guardian's relationship to participant: _____

Parent/Guardian Email _____

Parent/Guardian Signature _____

Date _____

For researcher use only:

Participant ID number: _____