

Title of the Project: The Social Skills Peer Observation Tool (SPOT): A New Method of Assessing Social Skills

This study has been approved by the UCL Research Ethics Committee (Project ID Number): 11837/001

Thank you for your interest in this research. Before you agree for your child to take part, please read the Information Sheet and/or listen to an explanation about the research. If you have any questions, please ask the researcher before you decide whether your child can join in. You will be given a copy of this Consent Form to keep and refer to at any time.

To take part in this study, your child needs to:

- Be female
- Be between the ages of 16 to 25
- Have no significant hearing or visual impairments
- Have not received social skills training

If your child meets all the above criteria, please proceed to the statements below.

Please read the statements carefully and initial the boxes if you agree.

Statements	Initial Boxes
<p>1 I am the parent or legal guardian of the child named below and have the authority to sign this Consent Form.</p>	
<p>2 I confirm that I have read and understood the information about my child taking part in this study. I have had the time to consider the information, ask questions and have received satisfactory answers to my questions.</p>	
<p>3 I understand that taking part in the study is voluntary and that my child is free to withdraw at any time without giving any reason.</p>	
<p>4 I understand that my child’s participation will be video recorded and I consent to the use of this material as part of the project. I understand that my child and I will have the chance to review the video and consent to its release, and that we are both free to withdraw our consent for its use at any point.</p>	
<p>5 I consent to the processing of my child’s personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and will be handled in accordance with the provisions of the Data Protection Act 1998.</p>	
<p>6 I understand that the information collected about my child, after it has been fully anonymised, can be shared with other researchers and may be published as a report. Confidentiality and anonymity will be maintained and it will not be possible to identify my child from any publications.</p>	

Contact Details | Please complete in block capitals**Child's Details**Name of Participant (Name of Child)

Date of Birth

DD

/

MM

/

YY

Gender
Ethnicity
Parent's DetailsName of Parent/Guardian
Email address
Telephone
Mobile
Address
Signature

Date

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Preferred Mode of Contact:

Phone

Email

Researcher's Signature (Do not complete)Name of Researcher
Participant (child) Identification Number
Signature

Date

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