

Applications of Psychology to Health – Sleep Hygiene Practical Investigation

Information letter

Dear student,

As part of this unit in psychology, you will be examining the effect of restricting the use of devices before bedtime. You will be collecting self-report data on your own sleep quality, then sharing this information so that all individual responses from students can be collated and analysed.

To safeguard anonymity, students' written responses will be identified by a code number and all individual student data will be shredded at the completion of the unit. Emails sent to the class teacher will be deleted.

Please ask me if you do not fully understand the information provided or if you would like further information. In understanding what is required of you as a participant in this investigation, you may choose to consent to participate fully in this investigation, in some part of this investigation or not at all. If you decide to participate, please read, complete and sign the attached consent form.

Your parent or guardian must also provide consent for your participation in this investigation. If they agree, please ask them to also sign the provided consent form.

Even if you have signed the consent form, you may withdraw from this investigation at any time. There will be no consequences if you do not want to participate, or if you initially agree to participate and later decide to withdraw. Your rights and responsibilities are detailed in the consent form.

If participants are under 18: Your parent/guardian must also provide consent for your participation in the Science inquiry activity. If they agree to your participation, please ask them to sign the provided consent form. No student/person is able to participate without a completed consent form.

If participants are over 18 and capable of informed consent: Please sign the consent form provided.

If you (or your parent/guardian) would like further information or clarification, please do not hesitate to speak with or email me.

Yours sincerely,

Mr Lane
Psychology Teacher

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Consent form

Participant's name:

Investigation title: Sleep Hygiene

Teacher's name: Mr Lane

I consent to participate in the research investigation named above. The nature of the research, including the procedures, has been explained to me, and is summarised on the information letter I have been given.

I give permission for the responsible teacher, named above, to use the outlined investigation procedures with me.

I understand that:

- (a) I am free to withdraw from the investigation at any time. There will be no consequences if I decline to participate or if I initially agree to participate, but later decide to withdraw.
- (b) The investigation is for the purpose of teaching and learning.
- (c) The confidentiality of the information I provide will be safeguarded. Written responses will be identified only by a code number in order to ensure that responses are anonymous.
- (d) There are no known adverse effects of participation in this investigation.
- (e) I will maintain the confidentiality of other participants in this investigation.

Please return this signed consent form to your teacher.

Signed:
(student)

Date:

Students may participate in this investigation only if a parent or guardian completes the following section.

I consent to the participation of in the above research investigation.

Signed:
(parent/guardian)

Date: