**PROJECT TITLE**

Subway Samaritans

**INVITATION**

You are being asked to take part in a research.

*(Describe the general research aim(s), say who you are, and who is supervising the research [if anyone else], the university affiliation and, once obtained, that the project has been approved by the Psychology Research Ethics Committee)*

**WHAT WILL HAPPEN**

On the subway train, a man will fall down and you are going to decide whether to help him or not.

**TIME COMMITMENT**

No commitment needed

**PARTICIPANTS’ RIGHTS**

You may decide to stop your help at any time. You have the right to ask that any data supplied to that point be withdrawn/destroyed.

Feel free to ask questions at any point. If you have any questions as a result of reading this information sheet, you should ask the researcher before the study begins.

**BENEFITS AND RISKS**

This study poses no known risks to you.

**COST, REIMBURSEMENT AND COMPENSATION**

Your participation in this study is voluntary, but we can reimburse….

**CONFIDENTIALITY/ANONYMITY**

[the following should be taken as an example]

The raw data/videos we collect will only be seen by researcher, and will not be linked to any identifying information (e.g., name, address, email) that you supplied. The anonymous data collected may be shared with other researchers via public data repositories, with summaries presented at conferences and in academic publications. We will ensure that it is not possible to identify your identity from any of the information we publish and share about this study.

The data will be used to study people’s social behaviours, the final results will be presented at conferences.

*(Also say something about your intentions regarding use of the data, e.g., presentation at conferences, publication, etc. In doing so, make clear the extent to which individual participants will or will not be identifiable, as appropriate)*

**FOR FURTHER INFORMATION**

(Supervisor’s/PI’s name) will be glad to answer your questions about this study at any time, and can inform you about the results of the study once data collection is complete. You may contact her/him at …

## Developmental Science Consent Form

***[Project Name]***

[very brief description]

By signing below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your child’s participation in this study have been answered satisfactorily, (3) anonymised data only may be shared in public data repositories, and (4) you are willing for your child to take part in this voluntary research study voluntarily.

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Caregiver’s Name (Printed)\* Child’s name (Print)\*

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

Caregiver’s signature\*

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

Child’s Date of Birth Today’s Date

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

Name of person obtaining consent (Printed) Signature of person obtaining consent

\**Participants wishing to preserve some degree of anonymity may use their initials (from the British Psychological Society Guidelines for Minimal Standards of Ethical Approval in Psychological Research)*