

AF 07-07

**Parental Information Sheet**

**for Children 13 years old - under 20 years old and Parent**

**(If the research participants are 13 years old - under 20 years old)**

*Information*

 *I* Click or tap here to enter text.

*now doing research entitled* Click or tap here to enter text.

*Principles and rationale for research*

*(Please specify)*

*Overview of the research projec*

*(Please specify in summarize)*

This document provides basic information about the research project that you (as a parent and your child (as a research participant) should study and understand before allowing your child to participate in the research project. If you read this document and have any questions about the research project, you can ask the research project leader or representative. You can take this document home and read it with those you want to discuss.

You have full freedom in deciding whether your child should participate to this project or not. If you do not allow your child to participate in this research, it will not affect to .....Click or tap here to enter text. ..... Also, when you allow your child to participate in the research project and there is any unwanted side effects arise from the research or have any comments, concerns or questions about this research, you can contact the researchers at .......Click or tap here to enter text........... during official hours (except an emergency case)

**Research Project Information**

1. Project Title Click or tap here to enter text.
2. Name of Project Leader

Name Click or tap here to enter text.

Status Click or tap here to enter text.

Affiliation Click or tap here to enter text.

Working Address Click or tap here to enter text.

Telephone Number : Click or tap here to enter text. e-Mail : Click or tap here to enter text.

1. Co-Researcher

 [ ]  None

 [ ]  This project has co-researcher(s) as follows

3.1 Name...................................................................................................................................................

 Status…...............................................................................................................................................

 Affiliation………….................................................................................................................................

 Working Address................................................................................................................................

 Telephone Number.................................... e-Mail..…………...........................................................

 3.2 Name...................................................................................................................................................

 Status…...............................................................................................................................................

 Affiliation………….................................................................................................................................

 Working Address................................................................................................................................

 Telephone Number.................................... e-Mail..…………...........................................................

1. Total research project duration Click or tap here to enter text.
2. Research Funding (if any) Click or tap here to enter text.
3. Objectives of Research

*(Please specify research objectives according to your research proposal)*

1. Expected benefits from this research

*(Please specify the benefits for participants. It may not a benefit for the research project. If there is no any direct benefits, please indicate indirect benefits to participants or society or community)*

1. Your child are invited to participate in this research because

*(Please specify)*

1. If you allow your child to participate in the research, the researcher requests the cooperation from your child in various activities as follows.

*(Please specify the details of the activities for the participants such as answering questionnaires, interview, group interviews. Please indicates the number of times, duration of each activity. If there is any audio recording, video recording, or taking pictures, please specify)*

1. The risks that may occur when joining the study are

*(Please specify)*

1. Guidelines for risk prevention of research projects (according to the risks in No.10)

*(Please specify the risk prevention according to the risks in No.10)*

1. Remuneration/Gift/Knowledge for research participants or data contributor

 [ ]  None

 [ ]  Research Participants receive Click or tap here to enter text.

1. Costs that participants must be responsible for

 [ ]  None

 [ ]  Research Participants must be responsible for Click or tap here to enter text.

The personal information of your child will be kept confidentially, surely not disclosed to the public on an individual basis. There may be some groups of people to inspect the personal information of your child such as research grants, institutions or government organizations that are responsible for the examination, ethics committee, etc. If there is additional information on both benefits and harms associated with this research, the researcher will inform as soon as possible without concealing.

You have the right to withdraw your child from this research project at any time without prior notice. If you do not allow your child to participate or withdraw from this research, it will not affect to .....Click or tap here to enter text........... which your child deserves to be received in any way. All your child information will be destroyed and not used again.

This research project has been approved by the Chiang Mai University Research Ethic Committee. The office is located at Faculty of Social Sciences, Chiang Mai University, 239 Huay Kaew Road, Suthep Sub-district, Mueang District, Chiang Mai Province 50200 Phone / Fax 053-943565 during office hours or email: cmurec.cmu@gmail.com. If your child is treated as not as stated, please contact the chairperson or representative at the address, telephone number or email above.

Signature......................................................................Research Project Leader

 (Click or tap here to enter text.)

 Date Click or tap to enter a date.