INFORMED CONSENT FOR MINORS**[[1]](#footnote-1)**

(Project Title)

(The funding body or purpose, e.g. National Plan PSI2017-82550-R, master’s thesis, etc.)

Participant Details:

Name of the minor ………………….,.......................................................................Age:…..……….

I, .................................................………..……………………………………... holding ID no.: ………….............

(as the participant’s **mother**).

I, .................................................………..……………………………………... holding ID no.: ………….............

(as the participant’s **father**).

I, .................................................………..……………………………………... holding ID no.: ………….............

(as the participant’s **legal guardian/representative**).

(**N.B. 1:** only in the event of separated or divorced parents with shared custody, BOTH parents need to fill in their details and sign this consent form.)

(**N.B. 2:** where required to fulfil the study goals, also include their ID no., postal address, telephone no. and e-mail.)

**Study Purpose:** explain the general and specific goals here in relatable language for participants. Set out what participation in the study involves below. State whether more than one session is planned. Include the telephone no. and e-mail (UIB lecturers) so that participants may contact them to clear up any queries.

Contact person and e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(where applicable, the name of other collaborating researchers, the research project, etc. must be specified).

**Project Risks and Benefits:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(state the possible risks and benefits from participating in the project, as well as the amount of any financial payment).

**Testimonial Records and Use:** (*where applicable, add to or amend the text*): I agree to my child’s interview being recorded (audio and/or video) for the research goals and I authorise verbatim comments to be used, in compliance with the confidentiality terms set out in this consent form. I also authorise the use of my child’s recorded comments for scientific dissemination, provided that mechanisms are established to ensure their confidential nature.

**I UNDERSTAND THAT:** my child’s/ward’s/representee’s participation is voluntary from the start and for the entire duration of the study, and may be withdrawn at any time without having to provide any explanation*.* Moreover, I am aware that the confidential nature of the obtained data shall be ensured in the following terms: (1) these data will be processed in respect of their confidential nature and in accordance with current data protection regulations; (2) all legal rights set out and specified at the bottom of this consent form apply to me with regard to these data; (3) these data shall only be used by the supervising team for scientific purposes and shall never be transferred to third parties, except where there is a legal obligation to do so; moreover, they shall be kept for two years from the date this consent form is signed; and (4) the legitimate nature of the project is based on data collection by informed consent (Article 6.1a in the General Data Protection Regulation, GDPR) and, as stated, data processing is the only way to fulfil the goals of the research project (Article 6.1.e in the \*GDPR).

**I STATE THAT:** I have read the information section at the top of this document about the study and I have been sufficiently informed about it. Moreover, I have been able to ask questions about the goals and methodology of the project. Therefore,

**1.** I voluntarily give my consent and know that I am free to withdraw from the study at any time for any reason whatsoever, without providing any explanations or reasons, and without any negative consequences for me.

2. I have been assured that the confidential nature of my child’s/ward’s/representee’s data will be ensured.

3. Finally, I agree to my child/ward/representee participating in the project and have received a copy of this consent form.

Where the minor is 12 or over, I confirm that they have been consulted and not expressed any opposition to participating in this research project.

I state my **agreement** to my child/guardian/representee being able to participate in this study.

Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| The mother/legal guardian/representative | The father/legal guardian/representative | The principal investigator |
|  |  |  |

In compliance with the provisions set out in Organic Law 3/2018 of 5th December on Personal Data Protection and Guarantee of Digital Rights, we hereby inform you that the collected data shall be included in one or more files managed by the UIB in the record of processing activities created expressly for this purpose in order to carry out the current research. The requested data are required in order to fulfil the aforementioned purpose and, in this sense, failure to provide them would prevent said purpose from being achieved.

The UIB is the data controller and, as such, guarantees your rights of access, rectification, erasure, portability, restriction and to object to the processing of data, as well as the right to not be subject to decisions based solely on the automated processing thereof. In order to exercise these rights, please contact (in writing): the University of the Balearic Islands; Office of the Secretary General; F.A.O.: Data Protection Officer; ctra. de Valldemossa, km 7.5, 07122 Palma (Balearic Islands) or send an e-mail to <dpo@uib.es>. You also have the right to submit a complaint to the Supervisory Body: <https://www.aepd.es>. Likewise, the UIB undertakes to respect the confidentiality of your data and use them for the purpose for which they were collected.

1. This is a working document from the CER. This template shall be adapted to the specific nature of your study. **Please delete any field not required.** [↑](#footnote-ref-1)