



Birth Component: Non-Resident Father Consent Form

EDITOR

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Acknowledgements

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Consent Form

Consent Form Number: <<Number>>

Child's name

Child's date of birth

Child's name

Child's date of birth

Child's name

Child's date of birth

Title of Project: **Life Study**

Thank you for reading the participant information. If you would like to take part, please initial to show you agree to each of the following statements and then sign at the bottom of this page.

| TAKING PART IN LIFE STUDY | Initials |
|--|----------|
| I have read and understood the leaflet "New Baby? Congratulations. Take Part in Life Study" and the booklet "About Life Study: Information for fathers taking part" v1.0, dated 18/05/2015. I have had the opportunity to consider the information and ask the interviewer questions. | |
| I understand that my participation is voluntary and that I am free to withdraw at any time, from all or part/s of the study, without giving any reason. | |
| I agree to take part in Life Study. | |
| I agree I may be contacted in future about Life Study. | |
| I give permission for those regulating the Life Study researchers at UCL to have access to my information collected for Life Study. This is on the condition that they are only allowed access to such data that are needed to check Life Study is being carried out correctly, and for no other purpose. ¹ | |

PARTICIPANT NAME

DATE

SIGNATURE

STAFF MEMBER NAME

DATE

SIGNATURE

¹ The authorised persons will all have a legal duty to keep your data confidential.

We would like your permission to collect some information about you so we can understand how health and other life events are related. This is sometimes called ‘information linkage’ because we link one type of information (for example, Life Study) to another source (for example, routine health records). This part of the form sets out the types of information we would like to request.

We only give organisations that hold these records some essential personal details so we can be sure that they find the correct records to provide the information that has been requested. No other information collected during Life Study will be provided to them.

| | |
|---------------------------------|-----------------|
| INFORMATION FROM RECORDS | Initials |
|---------------------------------|-----------------|

| ELECTROMAGNETIC FIELDS AND RADIO WAVES | Initials |
|---|-----------------|
| <p>I give permission for the research team to access and store information needed about my use of past, current and future mobile communication technologies from my past, current and future mobile network operators in order to assess the extent of my exposure to electromagnetic fields from these devices in the months before and during my partner’s pregnancy:</p> <ul style="list-style-type: none"> • How often I used my mobile device before and while my partner was pregnant • How long I used my mobile device before and while my partner was pregnant² <p>I understand the purpose for which this information will be used is to investigate the health effects of electromagnetic fields related to the use of mobile devices.</p> | |

| EDUCATION | Initials |
|--|-----------------|
| <p><u>Schools</u></p> <p>I give permission for (as appropriate) the English Department for Education, the Welsh Department for Children, Education, Lifelong Learning and Skills, the Scottish Government Education Directorate, or the Department of Education/Education and Skills Authority in Northern Ireland, or any other Government departments holding school records³, to provide information from my school records to Life Study.</p> | |
| <p><u>Further Education</u></p> <p>I give permission for the Data Service and Department for Business, Innovation & Skills , or the relevant Government departments holding these data³, to provide Life Study with information from my further education records.</p> | |
| <p><u>Higher Education</u></p> <p>I give permission for the Universities and Colleges Admissions Service and the Higher Education Statistics Agency, or the relevant Government departments holding these data³, to provide Life Study with information from my higher education records.</p> | |

² This will not include telephone numbers used, the names of contacts, or the content of messages.

³ This will include any successor or succeeding department/organisation holding these data.

| | |
|---------------------------------|-----------------|
| INFORMATION FROM RECORDS | Initials |
|---------------------------------|-----------------|

| | |
|---|-----------------|
| HEALTH REGISTRATION | Initials |
| I understand that information held and maintained by the HSCIC and other central NHS bodies ⁴ may be used to help contact me and provide information about my health status. | |
| HEALTH RECORDS | Initials |
| I give permission for Life Study to obtain health-related records held about me by the National Health Service (NHS), the NHS Central Register and the Department of Health. | |
| I give permission for Life Study to obtain records held about me by family doctors or GPs. | |
| I give permission for Life Study to obtain records held about me by dentists and opticians. | |
| I give permission for Life Study to obtain my birth and death registrations and information from the cancer register (these types of records are currently held by Office for National Statistics ⁵ , National Records of Scotland ⁵ , General Register Office for Northern Ireland ⁵). | |

| | |
|---|-----------------|
| ECONOMIC | Initials |
| I give permission for the Department for Work and Pensions, or the relevant Government department holding these data ⁵ , to provide Life Study with information from records about my benefit and tax credit claims, and about any employment and other support programs I have taken part in (or will take part in the future). | |
| I give permission for HM Revenue and Customs, or the relevant department holding these data ⁵ , to provide Life Study with information from my records about my National Insurance contributions, tax records, pensions, savings and about my work and employment. | |

| | | |
|-------------------------|-------------|------------------|
| PARTICIPANT NAME | DATE | SIGNATURE |
|-------------------------|-------------|------------------|

| | | |
|--------------------------|-------------|------------------|
| STAFF MEMBER NAME | DATE | SIGNATURE |
|--------------------------|-------------|------------------|

⁴ Including in Scotland, NHS National Services Scotland

⁵ This will include any successor or succeeding department/organisation holding these data.