



Pregnancy Component: Partner Consent Form

EDITOR

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Acknowledgements

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Participant Identification (ID) Number*: _____

Family Identification (ID) Number: _____

Consent Form

Title of Project: **Life Study**

Please put your initials in the 'Confirmed?' box to indicate agreement

	TAKING PART IN LIFE STUDY	CONFIRMED?
1*	I have read and understood the Life Study Participant Information for Fathers and Partners dated 01/12/2014 (version 3.0). I have had the opportunity to consider the information and ask questions.	
2*	I agree to take part in Life Study.	
3*	I understand that my participation in Life Study is voluntary and that I am free to withdraw at any time, from all or part/s of the study, without giving any reason.	
4*	I give permission for individuals from regulatory authorities and the sponsoring organisation ¹ to have access to my medical records and information collected for Life Study to monitor the study and check that it is being carried out correctly.	
5*	I understand that none of my results will be given to me (except for some measurements if available at the visit).	
6	I give permission for collection, long-term ² storage and use of my biological samples for health-related research purposes (even after my incapacity or death), and give up all rights to these samples which I am donating to Life Study.	
7	I agree to my GP being informed of my participation in Life Study.	
8*	I agree to be contacted in future about Life Study.	

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

² Long-term means for many years to come; more than 10 years.

	INFORMATION FROM RECORDS	CONFIRMED?
	HEALTH	
9*	I give permission for Life Study to obtain information for research purposes from my health-related records and registers; information about my NHS registration, birth and death, health status, treatment and use of health services, including records held by the National Health Service (NHS) ³ , GPs ³ , other healthcare organisations or providers, NHS Central Register ³ , NHS Personal Demographics Service ³ , Department of Health ³ , Office for National Statistics (England and Wales) ³ , National Records of Scotland ³ , General Register Office for Northern Ireland ³ and Northern Ireland Statistics & Research Agency ³ .	
10*	I give permission for information from my routine health records (as detailed in the Participant Information Sheet) to be released to Life Study for research purposes.	
	EDUCATION	
11	Schools I give permission for the English Department for Education ³ , the Welsh Department for Children, Education, Lifelong Learning and Skills ³ , the Scottish Government Education Directorate ³ , the Department of Education/Education and Skills Authority in Northern Ireland ³ , or the relevant departments holding these data, to provide information from my educational records to Life Study.	
12	Further Education I give permission for the Data Service ³ and Department for Business, Innovation & Skills ³ , or the relevant departments holding these data, to provide Life Study with information from my education records.	
13	Higher Education I give permission for the Universities and Colleges Admissions Service ³ and the Higher Education Statistics Agency ³ , or the relevant departments holding these data, to provide Life Study with information from my education records.	
	MOBILE COMMUNICATIONS	
14	I give permission for the research team to access and store information ⁴ about my use of past, current and future mobile communication technologies from my past, current and future mobile network operators.	
	ECONOMIC	
15	I give permission for the Department for Work and Pensions ³ , or the relevant department holding these data, 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).	
16	I give permission for HM Revenue and Customs ³ , or the relevant department holding these data, to provide Life Study with information from my records about my National insurance contributions, tax records, pensions, savings and about my work and employment.	

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

⁴ This will include how often and for how long you use these technologies but NOT your contacts, or the content of messages.

Participant Name

Date

Signature

Staff Member Name

Date

Signature