



Parental Opt-out form

Title of Project: *GoActive Evaluation Study*

Ethics reference number: *Psychology Research Ethics Committee of the University of Cambridge PRE:2015.126*

Name of Chief Investigator: *Dr K Corder*

To be completed by a parent or guardian who **DOES NOT AGREE** to their son/daughter taking part in the GoActive Evaluation Study

*Please initial
each box if
you agree*

1 I confirm that I have read and understood the information sheet entitled "GoActive Evaluation Study: Information for Students and Parents/Guardians" (Version 2: Date 12.02.2016) and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2 I **DO NOT** wish my son/daughter to take part in the above study

| | |
|-------------------------------|--|
| My Name | |
| My Child's name | |
| Name of my child's form group | |
| Signed | |
| Date | |