



School Consent form

Title of Project: GoActive

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

Name of Chief Investigator: Dr K Corder

**Please
initial
each box**

- 1 I confirm that I have read and understood the information sheet entitled "GoActive Evaluation Study: Information Sheet for Schools" (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 understand that my School's participation is voluntary and I am free to withdraw our participation at any time, without giving any reason and without our legal rights being affected in any way.

- 3 I agree that the information gathered about my school, students and teachers can be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, or may be used in future related research projects.

- 4 If allocated to the Programme group, I agree to run the GoActive programme in my school.

- 5 On behalf of (school Name) _____
I agree to take part in the GoActive Evaluation Study

Name (Please print)

Date

Signature

Position

Researcher name

Date

Signature

One copy for School, one copy for MRC Epidemiology Unit