

e-form

Request for research in state schools - Consent Form



Section D

Consent forms that need signature

Signature

(Please use these forms or equivalent forms required by the Ethics Review of Higher Educational Institution with whom the researcher is affiliated.)

To Whom It May Concern: I, the undersigned, grant permission to (Name and Surname of Researcher) to be present and observe lessons which I will be giving with the understanding that such observations are used for research purposes. **Signature** Name and Surname **School Stamp ID Number** Form D3: Parent/Guardian Consent Form (to be filled when Data subjects are minors) Name of the Researcher Name of the Research Study

Form D2: Teacher Consent Form

in the above-mentioned research. Please tick the appropriate box/boxes, to authorise audio-video-recordings / observations/interviews/other research carried out by researcher for the purpose of this research study only.

To comply with the Data Protection Act, your permission is necessary prior to your child taking part

I, the undersigned, would like to authorise audio- video- recordings / observations/interviews/other research carried out by researcher for research purposes only.	
Audio/Video-recordings	Observations
Interviews	Other research
Should the research necessitate a video-recording or the taking of photographs, may your child's video footage/image be used in printed publications or other media?	
Declaration by parent/guardian:	
I understand that details or the full name and surname of my child will only be included in a recorded footage or in printed publications or other media following my prior consent.	
Name and surname	Signature
ID number	
Date	School Stamp

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