Consent Form for partners/ workers

For a better understanding of the local initiatives aiming to support the development of children aged from 0 to 12 years old

We solicit your participation for a project aiming to have a better understanding of the activities introduced by the local groups of partners as well as the repercussions of these interventions on the families who participate. The main objectives of this research project are to document:

1) The needs of children aged from 0 to 5 and their families
2) Services offered by the different organizations of the community

Your participation will include a meeting of approximately 60 minutes each in order to gather information. The meetings will take place at your convenience. Using questionnaires and a short interview, we will explore the needs of your children as well as the needs of your family, the global development of your children, your social network and your family's global living conditions.

The confidentiality of the data collected within the framework of this research project will be ensured in accordance with the applicable laws and regulations in the province of Quebec. The data collected and the results of this project will not, in any way, lead to your identification. Your data will be transcribed but your name will be replaced by a participant code. The group results will be diffused in the form of a report or in the form of scientific communications.

If secondary use is not granted, the data collected will not be used for any other purpose. All documents in the form of paper, recordings and electronic documents will be preserved under a key in an office with limited access or will be protected by an access code and will be destroyed five years after the last data collection by a company specialised in the destruction of confidential documents.

Your participation in this project is on a voluntary basis and you are entirely free to withdraw at any time. There is little risk associated to your participation. However, your participation could lead you to reflect on your current intervention approach. At any time should you feel the need to discuss your approach, the persons in charge of the project will be available to speak with you.

Although your participation will not directly benefit you in any way, your participation will contribute to the continuous improvement of the services currently offered to the families.

Your signature attests that you clearly understand the information concerning your participation in this project and indicates that you agree to take part in it. It does not mean that you agree to alienate your rights and to release the persons in charge of their legal or professional responsibilities. You are free to withdraw at any time, without any consequences. Your initial decision to participate in this project must be as enlightening as your initial decision to partake in this project; therefore you must never hesitate to request explanations or new information during the project.

After having taken knowledge of the information concerning my participation in this project, I affix my signature meaning that I freely agree to partake in this project. Two copies of this form will be signed for which I will be granted a copy.

Consent to participate in the research project :

Participant's name : _____ Participant's signature : _____

Your child's name : _____ Date : _____

Responsible's name : _____ Responsible's signature : _____

Date : _____

Secondary Use of the Collected Data

With your permission, we would like to preserve the data collected at the end of the present project for other activities aiming to have a better understanding of the factors associated with family functioning and children's development. In order to preserve your personal data and your identity, the data will be anonymous, and therefore it will be impossible for anyone to connect your data to your identity. We commit ourselves to comply with the same rules of ethics as for this project.

It is not necessary for you to grant your consent to the following section in order to partake in the project. However, if you accept, your data will be preserved for a period of fifteen years after the last publication regarding this project and destroyed thereafter.

Consent to a Secondary Use:

- ☐ I accept that my data be preserved for secondary use in other projects aiming to better understand the factors associated to family functioning and children's development, under the responsibility of a member of the current research team.
- ☐ I refuse a secondary use of the data that I will have provided

Participant's name : _____ Participant's signature : _____

Date : _____

Responsible's name : _____ Responsible's signature : _____

Date : _____