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### PARENT/GUARDIAN CONSENT FORM

CUREC Approval Reference: R63335/RE005

#### The Development of Word-Object Relations during Infancy

Study Summary: This research aims to investigate the mental processes that enable infants to link words to objects (both familiar and novel) by showing them pictures of objects on a touchscreen and monitoring their interest in the objects in silence or when they are named. Interest is measured in terms of their engagement with the touchscreen activity and their tapping or pointing at the screen.

*Please initial each box*

- |                  |   |                          |
|------------------|---|--------------------------|
| 1                | I confirm that I have read and understand the information sheet version ____ dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.   | <input type="checkbox"/> |
| 2                | I understand that participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without penalty.  | <input type="checkbox"/> |
| 3                | I understand that only approved BabyLab researchers will have access to the data for my child, that this data will be stored on secure cloud storage and computers, and that this data will be destroyed at the end of the project and publicly reported in an anonymised form. | <input type="checkbox"/> |
| 4                | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee.  | <input type="checkbox"/> |
| 5                | I understand how to raise a concern or make a complaint.  | <input type="checkbox"/> |
| 6                | I agree to take part in the above study with my child.  | <input type="checkbox"/> |
| <b>Optional:</b> | I agree for my personal data to be kept in a secure database for the purpose of contacting me about future studies.   | <input type="checkbox"/> |

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature