**Headteacher/Principal Consent Form**

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Headteacher/Principal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the headteacher/principal, I consent to the school taking part in the piloting of educational resources and evaluation study undertaken by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to examine their impact on young people’s understanding and reporting of online sexual bullying.

I confirm that the school will:

* Deliver 1 x 30 min quiz
* Deliver 3 x 45 min lessons to pupils
* Read through the Teaching Toolkit Guidance

I give permission for:

* Participating students to provide feedback via an evaluation questionnaire (online or on paper).
* Teachers/educators involved in delivering the pilot resources to complete an evaluation questionnaire when all components have been delivered.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct an evaluation focus group with relevant students
* Data to be shared with researchers at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ with findings published in a report.
* Parents to be given information about the pilot and evaluation, and be given the opportunity to withdraw their child if they wish.

I further confirm that the school will:

* Complete the required activities within the timeline agreed.
* Provide all participants with the briefing and debriefing materials provided by the researchers.
* Ensure that parents are fully informed about the pilot and have the opportunity to withdraw their child should they so wish. This opt-out consent approach is on the basis that the teaching and research activities undertaken as part of the pilot are consistent with educational activities normally undertaken in school.
* Provide support for any participants who have concerns or are distressed at the end of any session. This will include taking further action to support them and following the school’s safeguarding procedures as appropriate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the form by email to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).**