Dear Parent / Carer,

Cancer Council Victoria is doing a research project in your child’s school on May the 25th to learn about children’s views on different food products. Your child’s participation in the study would involve them completing a short online questionnaire in their regular class group. During the online questionnaire, students will be shown images of food products on screen and asked for their views.

All information collected in the questionnaire is completely confidential and the student’s name is not recorded on the survey. No information on individual students will be released. Participation in this project is voluntary and students are able to choose not to participate if they wish without giving a reason. However, as there is no identifying information collected in the survey, it is not possible to remove a particular student’s responses once they complete the questionnaire.

This survey has been approved by the Human Research Ethics Committee at Cancer Council Victoria so that it meets ethical standards and ensures the confidentiality of students’ information is protected. If you have any complaints or concerns about how the survey is being conducted, please contact Ms Cathy Schapper, at Cancer Council Victoria, Tel: (03) 9514 6318.

We hope you will agree to your child’s participation in this important research. If so, please complete the consent form below and return it to your child’s teacher **before your child takes part in the study**. If you have any questions about the project, or would like any additional information before deciding to consent to your child participating, please contact Jason Marriott at jason.marriott@au.ey.com or Catherine Price at catherine.price@au.ey.com.

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**CONSENT FORM: Research project on children’s views on different food products**

I consent to my child’s participation in the above project as it has been explained to me. I am aware that it involves my child completing a short online questionnaire about their views on different food products. I have discussed this project with my child and they have indicated that they would be willing to take part.

Student’s name: (please print) __________________________________________________

Class: _________________

Name of Parent / Carer: (please print) _______________________________________________

Signature: ____________________________ Date: ____ / ____ / ____

(Parent / Carer)

*Please return completed consent forms to your child’s class teacher by 17th May 2016.*

*Thank you.*