**CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

**INFORMATION TO PARTICIPANTS:**

We would like to invite your child to be a part of a study investigating dietary interventions and nutritional supplementation in children with Attention Deficit Hyperactivity Disorder (ADHD).

The aim of this study is to assess whether changes in diet together with nutritional supplements improve symptoms in ADHD. The evaluations will involve testing of your child’s thinking and attention skills, brain activity using QEEG scanning, and sleep quality using a wrist actiwatch and behavioural reports to be filled out by you. We will further assess the effectiveness of the interventions on gut imbalance (as measured through faecal analysis).

**CERTIFICATION BY SUBJECT**

I, (full name) of (suburb)

certify that I am the legal parent/guardian of (full name)

and that I am voluntarily giving my consent for my child to participate in the study: **‘The Effect of Diet and Nutritional Supplementation on Behaviour, Brain Activity and Attention/Thinking in Attention Deficit Hyperactivity Disorder (ADHD)’** being conducted by Dr Michelle Ball, Professor Dorothy Bruck and student researcher Jordan Hince (PhD Candidate) of the College of Arts (Psychology) Victoria University, Dr Jacques Duff of the Behavioural Neurotherapy Clinic and Dr Henry Butt of Bioscreen Medical.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by: Jordan Hince and that I freely consent to my child’s participation involving the below mentioned data collection procedures that will take place across six visits to the Behavioural Neuroptherapy Clinic in Doncaster across six months including:

* 4 appointments with Dr Jacques Duff (visits 1, 3, 4, 5) regarding the dietary and nutritional supplementation intervention
* 2 appointments with Jordan Hince (visits 2 and 6) for tests of thinking and attention, brain activity (QEEG), and behavioural reports taking about two hours
* 2 faecal samples to be taken from my child by me (parent/guardian) and couriered to Bioscreen Medical following instructions provided prior to visits 2 and 6
* 2 periods of 7 days of sleep monitoring following visits 2 and 6
* 6 months of dietary alterations and nutritional supplementation
* Monthly completion of dietary compliance diary

I certify that I have had the opportunity to have any questions answered and that I understand that my child can withdraw from this study at any time and that this withdrawal will not jeopardise them in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Families deal with the diagnosis of ADHD and other such disorders in different ways, and we would like to be supportive of whatever strategy you have taken within your family. Having said this, we would encourage you to discuss the treatment and procedures involved with this project with your child. If you believe your child is capable of understanding we would suggest you let them know that this project will involve:

* Some visits to the doctor, but there will be no needles or other scary things done to them.
* Some visits with a researcher from Victoria University who will ask them to take part in some puzzles and games, and who will also measure their brain waves by asking them to wear a cap and try to sit quietly for a few minutes.
* Allowing mum or dad to collect their poo a couple of times so the doctor can look at what is going on in their gut. (Let them know they will probably need to poo in a bucket for this, which is a little bit unpleasant, but it will not hurt. It will happen at the beginning before their first visit with the researcher from the university, and then again at the very end a few months later).
* Wearing a thing like a watch on their wrist when they go to bed every night for a week a couple of times (at the beginning and the end).
* Changing the food they eat a bit.

If you decide to discuss this with your child, please provide them with the opportunity to sign that they agree to taking part. (Please note that this step is not compulsory, but we would like to respect your child’s rights as an individual, while respecting at the same time that some decisions are best handled by parents).

Child’s name:

Assent signed:

Date:

Any queries about your participation in this project may be directed to the researcher Dr Michelle Ball, 9919 2536.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email Researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.