



Becoming a Man (BAM) Registration and Consent Form

Parent/Guardian version
New students, 2024-25

Dear Parent/Guardian,

Your child is invited to join the Becoming a Man (BAM) programme. Please read the BAM information pack to find out more. The last page of the pack explains who to contact with any questions or concerns.

For your child to join BAM, please complete both sides of this form and return it to the BAM counsellor in your child's school.

Student details

Student's full name _____

Student's date of birth (dd/mm/yyyy) (___/___/____)

Student's school year group _____

What is your child's race/ethnicity?

- Asian/Asian British
- Black/Black British
- White/White British
- Mixed/Multiple Ethnic Groups
- Other Ethnic Group (please specify: _____)
- Prefer not to say

In what country was your child born?

- United Kingdom
- Other (please specify: _____)
- Prefer not to say

What is the main language your child speaks at home?

- English
- Other (please specify: _____)
- Prefer not to say

Student's health and learning

Does your child have any allergies? Please give details. _____

Does your child have any other medical needs (including medications) we need to be aware of?

Does your child have any special educational/learning needs or difficulties? _____

Parent/guardian details (for information about BAM and your child, and in case of emergency)

Parent/guardian name _____

Relationship to student _____

Mobile number _____

Email address _____

Consent options – please tick as appropriate

1. **I have read the BAM information pack** and I understand how the Mental Health Foundation will collect, use, and where necessary anonymously share my child's information as part of BAM.

Yes (you must understand this information for your child to join BAM)

2. **I agree to my child joining BAM.**

Yes

No

3. **I agree to my child taking questionnaires, if they wish, about:**

- **their experience of and satisfaction with BAM**
- **their wellbeing, social and emotional skills, outlook on life and relationships with peers and adults.**

(Your decision about this will not affect your child's ability to take part in BAM.)

Yes

No

4. **I consent to MHF sharing my contact details with the evaluation partners, CEI, so that they can contact me directly about their research, and how it might involve my child.**

(Your decision about this will not affect your child's ability to take part in BAM.)

Yes

No

5. **I agree to photos, videos, or audio of my child while they are taking part in BAM being used for BAM promotional materials by the Mental Health Foundation, Youth Guidance and related partners.** This may be used on the internet or in publications, without further notice. No money or other compensation will be provided for this. Your child would be identified by first name, school year and/or school only.

(Your decision about this will not affect your child's ability to take part in BAM.)

Yes

No

6. **Attached to this form is the separate CEI 'Participant information sheet and consent form'. This asks whether you consent to your child being part of the programme evaluation. If after reading that form you agree, please sign it and return it to your child's counsellor along with this form.** (Your decision about this will not affect your child's ability to take part in BAM.)

Signature

Parent/guardian signature _____

Parent/guardian name _____

Today's date (dd/mm/yyyy) (___ / ___ / _____)

Participant information sheet and consent form (parent/guardian) paper version

PROGRAM PARTICIPANT INFORMATION SHEET (PARENT/GUARDIAN)

Study title: Evaluation of the Scaling What Works Program

Principal Investigator: Dr Anna Williamson

Introduction:

Your child/ren are invited to take part in an evaluation study of the Scaling What Works (SWW) Program. This is because your child/ren have/will be participating in one of the 16 programs for boys and men being funded by the SWW Program. The evaluation aims to understand what works for delivering and scaling wellbeing programs for boys and men, and how the programs can be improved. Scaling, in this case, refers to expanding successful programs to reach and benefit more people.

This participant information sheet and consent form tells you about the evaluation. It explains the purpose of the evaluation, procedures and risks involved. It also describes what information will be collected, how that information will be used and with whom it will be shared. Knowing what is involved will help you decide if you want your child/ren to take part in the evaluation. Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not your child/ren can take part, you might want to talk about it with your child/ren, a relative or friend. Your child/ren's participation in this evaluation is voluntary. If you don't wish for your child/ren to take part, you don't have to. Your child/ren can continue to participate in the program whether or not they take part in the evaluation.

If you decide that you want your child/ren to take part in the evaluation, you will be asked to sign the consent form.

By signing it you are telling us that you:

- understand what you have read
- consent for your child/ren to take part in the evaluation
- consent to the use of your child/ren's information that they will provide about themselves through completing two brief surveys and information about program attendance as described.

Your child/ren will also be provided with information about the evaluation and will be asked to sign a consent form for them to participate in the evaluation.

You will be given a signed and dated copy of the participant information sheet and consent form to keep.

Purpose of the evaluation study:

The aim of this evaluation is to understand what type of programs work for improving the wellbeing of boys and men, what the best ways of delivering them are and what kinds of things help programs continue to work well when they are run in more areas or with different groups of people. Your child/ren are invited to take part in this evaluation because they have had/will have access to one of the 16 funded programs.

If you allow your child/ren to participate in the evaluation, they will be asked to complete a short survey at the start of the program and another one when they stop attending the program (or after three months). The entire evaluation will go for quite a lot longer than your child/ren are involved in it (around 25 months in total).

A total of 15,807 program participants are expected to be recruited across all the 16 programs.

Source of funding:

The evaluation study is funded by Movember.

Study procedures:

As part of this evaluation, with your and your child/ren's consent, the evaluation team will access the basic demographic data (age and gender) and participation data (e.g., number of sessions attended), collected by the program team as part of their usual program delivery procedure. Your child/ren's name will not be linked to this information. Your child/ren will also be asked to complete a short survey twice: (1) within 3 weeks of starting to participate in the program and, (2) when your child/ren stop attending the program (or three months after starting for long programs).

Each survey will take approximately 10 minutes to complete.

Possible risks to participants:

Participants in this evaluation may find it inconvenient to fill out two short surveys. The surveys will ask your child/ren a bit about their wellbeing so that we can learn more about the program. We do not anticipate that the survey questions will be upsetting. However, if your child/ren do feel upset completing a survey, they are advised to stop filling in the survey (they can return to it later if they wish). If your child/ren would like to talk to someone about how they are feeling, they may wish to either contact the program team or call The Mix (Hotline number: 0808 808 4994).

Your child/ren's name will not be linked to your survey responses and all information will be kept confidential. To make sure your child/ren's data is kept private, it will be de-identified and stored on a password protected data system. This system can only be accessed by the evaluation team.

Voluntary participation/right to refuse or withdraw:

Your child/ren do not have to be involved in this evaluation. If your child/ren do not participate, it will not affect their ability to participate in the program. If you decide to allow your child/ren to participate in the evaluation and later feel that you or your child/ren do not want them to be part of it, they can stop being involved at any time and this will not affect their current or future access to the program.

Privacy and Confidentiality:

Your child/ren's records relating to this evaluation and any other information collected as part of the evaluation (e.g., the surveys they complete) will be kept strictly confidential. Any results reported from this evaluation will be reported as a summary of all the data collected for the project. Names will not be connected to individual responses and no individual data will be reported. In this way, your child/ren's privacy will be protected in any reviews and reports of this evaluation which may be published.

Storage of data:

All hard copies of consent forms and surveys will be kept in a locked file cabinet at the program site. Electronic data will be de-identified and stored in a password protected data system. Only the evaluation team and Movember will have access to these files. Data collected will be stored by the Centre for Evidence and Implementation (the

evaluators) in a secure, password protected data centre located in Australia. Data protection agreements are in place to ensure that all data used in this evaluation meets the regulations of the United Kingdom and Australia (where the study is conducted).

All information will be kept for seven (7) years. After seven (7) years, electronic files will be deleted and hard copies shredded. If you decide to withdraw your child/ren from the study or if they decide to withdraw from the study, your child/ren data will be deleted if it can be identified. This will be done within five (5) business days of receiving the request.

Results of the evaluation study:

Findings from the evaluation will be published in reports shared with Movember and the teams running the programs being evaluated. You or your child/ren may request to be informed about the findings of the evaluation study from CEI or the program team.

Advice and information:

If you have any further questions regarding this study, please do not hesitate to contact:

1. **Dr Anna Williamson**
Director, Centre for Evidence and Implementation
Anna.williamson@ceiglobal.org
2. **Mr Tom Steele**
Evaluation Lead - SWW, Centre for Evidence and Implementation
tom.steele@ceiglobal.org

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Operations Manager, Bellberry Limited on 08 8361 3222.

You may wish to view the Data Privacy Notice here: https://cei.syd1.qualtrics.com/jfe/form/SV_etHflmRQ9WGswcu

PROJECT PARTICIPANT CONSENT FORM (PARENT/GUARDIAN)

Study title: Evaluation of the Scaling What Works Program

Principal Investigator: Dr Anna Williamson

Declaration by participant

1. I have read, or have had read to me, and I understand the participant information and consent form.
2. I have had the opportunity to discuss this with an independent person and my child/ren.
3. I have had an opportunity to ask questions and I am satisfied with the answers I have received.
4. I freely agree for my child/ren to participate in this evaluation study as described and understand that I am free to withdraw my consent and they are free to withdraw from the study at any time prior to data analysis without explanation or penalty and to withdraw any unprocessed data that my child/ren have provided as long as it can be identified.
5. I understand the purposes, procedures and risks of the research described in the information sheet.
6. I understand that the information my child/ren provide will be kept confidential and their data will be password protected and accessible only by the evaluation team.
7. I understand that the data from this evaluation will be stored securely by the evaluation team and will be destroyed after 7 years.
8. I understand that I will be given a signed copy of this document and my child/ren's consent form to keep.

Signature of
participant's
parent/guardian

Date _____

Full name of participant's parent/guardian
(please print)

Full name of participant (please print)

Name of school that participant attends (if
applicable)
