

Direct Contact Details

Phone: (02) 4924 6499

Email: HNELHD-PHENquiries@hnehealth.nsw.gov.au

Good for Kids, Good for Life.

INFORMATION FOR PARENTS/GUARDIANS P2

Version 1, dated 01/08/2017

You are invited to take part in the evaluation of the 'Good for Kids, Good for Life' program, which is being led by Associate Professor Luke Wolfenden from Hunter New England Population Health and the University of Newcastle. 'Good for Kids, Good for Life' seeks to improve the healthy eating and physical activity of children in the Hunter New England Region.

What is this research about?

Your child's school is participating in the program over the next 18 months. Data collected as part of this research will also help us assess the impact of the 'Good for Kids, Good for Life' program and to identify future opportunities for the program to improve child health.

Who can participate in this research?

Approximately 60 schools in the Hunter New England region and Mid North Coast region (including your school) are helping us with this study. Students currently in years 2 and 3 from your child's school are eligible to participate in this research. Only students who return a signed consent form and attend school on the day of the measurements will be included.

What choice do you have?

Participation in this study is entirely voluntary. You should discuss the study and what it involves with your child. If you and your child do decide to take part, you can withdraw your child at any time without having to provide a reason. Whatever your decision, please be assured that it will not affect your relationship with Hunter New England Health, the University of Newcastle, or the 'Good for Kids Good for Life' program in any way.

What would your child be asked to do if you and your child agree to participate?

If you agree to allow your child in Year 2 or 3 to participate in this study, you will be asked to sign the Parent/Guardian Consent Form. In term 1 2018 and again in 10 and 18 months your child will be asked to wear an accelerometer for 5 days while at school. An accelerometer is a small portable device that measures the amount of physical activity a person does. It is worn on your wrist like a watch. Students will be asked to put on the accelerometer when they go into class and take it off before they go home each day. All parents and carers of children may also have the opportunity to participate in a short telephone survey about your child's health and physical activity.

What are the risks and benefits of participating?

There are no significant foreseeable risks to you or your child of participating. Although the data will be used by the program to develop support services for schools and children, participation may not be of direct benefit to you or your child.

Will the study cost you anything?

Participation in this study will not cost you anything, nor will you or your child be paid. Any resources or educational materials you or your child may be provided with are free of charge. You will not be responsible for the cost of replacing accelerometers if they are lost or broken at any stage.

How will your privacy be protected?

All the information collected from you and your child for the study is confidential. Only the research team will have access to it. No one else, including students, parents, carers, teachers or friends will have access to any information collected. The data will be stored on a secure Hunter New England Population Health server and accessed in accordance with Commonwealth privacy laws and the NSW Health Records and

Information Privacy Act as required by law. The study results may be presented at a conference or in a scientific publication and/or used in student theses. De-identified data may be provided to other institutions for scientific purposes. However individual participants will not be identifiable in such presentations, publications or thesis. If a participant decides to withdraw from the study at any stage, we will be able to delete any data that has been collected, provided this is requested within 12 months of data collection. Access to de-identified trial data, protocols and analysis code will be made available within 6 months of publication and/or within 18 months of trial completion.

What do I need to do if I would like to participate?

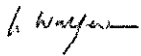
Please read and be clear on the information provided above. You and your child should discuss participation with each other before making a decision. Please sign the consent form indicating the decision regarding participation. Once signed, please return the consent form to your classroom teacher.

Further Information

If you have any questions about this research, or you would like more information, please do not hesitate to email HNELHD-PHENquires@hnehealth.nsw.gov.au, or phone (02) 4924 6499.

Thank you for considering this invitation

Yours sincerely



A/Prof Luke Wolfenden
Program Manager
Hunter New England Population Health

This project has been approved by: the Hunter New England Human Research Ethics Committee, Reference: 06/07/26/4.04; the University of Newcastle Human Research Ethics Committee, Reference: H-2008-0343; and the NSW Department of Education.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be

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**HNE Kids Healthy Eating and Physical Activity Program
PARENT/CARER CONSENT FORM FOR STUDENT PARTICIPATION P2**

Version 1, dated 01/08/2017

PARENTS / CARERS: Please complete and return this form to your child's teacher.

I have read and understand that the study will be conducted as described in the Information Statement, a copy of which I have retained. I have discussed this research with my child.

My child and I have had the opportunity to have any questions about the research answered to our satisfaction.

I understand that my child's personal information will remain confidential to the researchers.

	Please tick ONE only
I DO consent for my child to participate in this study, and understand that this will involve them wearing an accelerometer during school hours for one school week and that these measures may be taken up to three times over the next 18 months	<input type="checkbox"/>
I DO NOT consent for my child to participate in the measures listed above.	<input type="checkbox"/>

Parent/Carer

Signature: _____ **Date:** _____

Mobile phone number: _____ (by providing this mobile number you are giving consent for a member of the research team to call you for a 10-15minute survey)

CHILD DETAILS

Child's Name: _____ **Child's DOB:** _____

Child's Gender: Male / Female **Child's Postcode of main residence:** _____

School: _____

Year: 2 / 3 **Class Teacher:** _____

The next few questions are about your child's physical activity at home:

How many days during the school week does your child usually do physical activity outside of school hours? (Includes before and after school sports) Please Circle: **0 / 1 / 2 / 3 / 4 / 5**

On those days, how many hours does your child usually do physical activity? _____ **hours**
 _____ **minutes**

On how many weekend days does your child usually do physical activity? Please Circle: **0 / 1 / 2**

On those days, how many hours does your child usually do physical activity? _____ **hours**
 _____ **minutes**

