

CONSENT FORM

FamilyID.....

If you and your twins would like to take part in this stage of TEDS (the Twins Early Development Study) it is important to sign this form and return it to us as soon as possible..

Your first name
 Your last name
 First born twin's name D.O.B. / /
 Second born twin's name D.O.B. / /
 Your address

 Postcode

PLEASE WRITE YOUR PHONE NUMBER(S) IN THE BOX BELOW

HOME:	
WORK:	

Yes, I agree that my twins and I will take part in the seven year study that will take place in 2002. I understand that all information obtained in the interviews will be kept strictly confidential and that I am free to withdraw from the study at any time.

We will interview all children in the study over the phone. Parents can choose whether to be interviewed over the phone or fill in a short (8 page) booklet to provide the parent information. Please tell us which you would prefer for yourself.

- Booklet
- Telephone interview

I agree that my children's teacher(s) can be contacted to fill in a questionnaire about how the twins are each getting on at school.

1st born twin's teacher.....
 School name:
 School address.....

2nd born twin's teacher.....
 School name and address (if different)

Signature..... Date..... / /

Relationship to twins (e.g. mother, father, guardian etc.).....

If you don't want to take part in the seven year study, please put a cross in the box below and return to us so we can update our records:

If you have any questions or would like to discuss any aspect of the new study, ring us on

FREEPHONE 0800 317 029