

**CONSENT FOR INCLUSION
ON THE BANGLADESH CEREBRAL PALSY REGISTER (BCPR) STUDY**

I, (please print name)

hereby give consent to the inclusion of
 (person's full name)

on the BCPR, being, myself / primary caregiver responsible (please circle the appropriate response here and throughout this document).

I have read and understood the information sheet and had any questions answered to my satisfaction. I understand that an individual may not directly benefit from membership of the CP Register and that no payment will be made for joining the register. I am aware that I should retain a copy of the consent form, when completed and the information sheet for my records.

I consent to:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The collection, recording and permanent storage of information relating to me / primary caregiver, on the BCPR.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Share of de-identified information to the Cerebral Palsy Alliance (Australia).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving invitations from time to time from CP Register staff to participate in research studies.

Signed Dated

Relationship to adolescent / person

Use only if discussed with an education professional

I, being an education professional certify that, I have explained the project to the adolescent / primary caregiver and / or person responsible and consider that he / she understands what is involved and has freely given his / her consent.

Signed Dated
Name Title