# Disability Living Allowance (DLA) for children: Discussionsconsent form

**Why are we doing this research?**The Scottish Government will become responsible for some of the benefits paid out by the Department for Work and Pensions (DWP). We want to find out about people’s experiences of DLA for children in more detail.

**Who is collecting this information?**The people talking to you today are user researchers from the Scottish Government.

**What will happen?**We will ask you to tell us about your experiences of DLA for children.

We will take notes so that we can remember what you told us. If you agree, we will record the meeting so that afterwards we can remind ourselves exactly what you said.

We will delete the recording as soon as we have transcribed the interview.

All the information from this session will be made anonymous; that is, we will never associate your name, or any other personal details, with anything you say.

**Your rights**Your participation in this study is completely voluntary.

🗹 You can stop taking part whenever you want, without a reason.

🗹 You can take a break whenever you need one.

🗹 You can ask questions at any time.

🗹 Everything you tell us will be kept confidential and anonymous.

🗹 If you tell us something you don’t want us to record, you can ask us to remove it at any time.

**Who will see the information?**Only the team working on DLA for children will have access to our notes and the transcription.

We may summarise what you tell us, or use quotes in reports. However, everything you tell us will be anonymised, so no one will be able to identify you.

A specialist typist may transcribe the interview.

**How will my information be stored?**Your consent form and a transcript of this interview will be stored securely and only the team working on DLA for children will have access to it.

We will hold your details for two years, then they will be deleted.

**Your agreement**Please sign this form if you agree to taking part in this research, and for us to record the session.

THANK YOU!

Your name:

Date:

Signature: