# Politecnico di Torino – Parental Consent Form for Participation of a Minor in User Study

Study Title: Perceptions of Climate Change and Their Relation to Personality Traits

Researcher(s): [Your Name(s)]
Institution: Politecnico di Torino
Contact Information: [Your Email Address]

## Introduction

Your child is invited to participate in a research study on climate change perceptions. This study explores how personality traits and personal characteristics may influence views on environmental issues. Participation is voluntary, and you or your child may withdraw at any time without any consequences.

## Purpose of the Study

The aim of this research is to examine how personality traits and demographic factors influence opinions and behaviors related to climate change, based on survey data.

## What Participation Involves

If you consent for your child to participate, they will complete an online survey which includes:
- A climate change perception questionnaire
- A Big Five Personality Test
- A short additional survey
- A moral values questionnaire
- Demographic questions (e.g., age, gender, country, ZIP code)

Estimated time to complete: 20–30 minutes.

## Confidentiality & Data Protection

- No identifying information (e.g., name, email) will be collected.
- All responses are anonymous and confidential.
- Data will be stored securely and analyzed in aggregate.
- Participants may receive a random ID to keep responses anonymous.

## Potential Risks & Benefits

**Risks:**There are no anticipated risks beyond those of ordinary online surveys. Your child may skip any question.

**Benefits:**Your child’s participation will help improve our understanding of how young people perceive climate change.

## Voluntary Participation & Withdrawal

Participation is entirely voluntary. You or your child may decline to participate or withdraw at any time. Data from withdrawn participants will not be used in the final analysis.

## Contact Information

If you have any questions or concerns about this study or your child’s rights as a participant, please contact:
[Researcher’s Name]
[Email Address]

## Parental Consent Statement

By signing below, you confirm the following:
- You are the parent or legal guardian of the minor named below.
- You have read and understood this consent form.
- You give permission for your child to participate in this research study.

Minor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_