If you would like to take part in our 12 year study, please fill in this form and return to TEDS as soon as possible.



Please provide a telephone number and email address if possible.

Phone	Home	Mobile
E-mail		

Yes, I agree that my children and I will take part in the 12 year study. I understand that all information my family provides will be completely confidential and that I am free to withdraw from the study at any time.

Yes, I agree that my children's form tutor(s) can be contacted and asked to fill in a questionnaire about how each of the twins are getting on at school. I understand that the teachers are free to withdraw from the study at any time.

Please give details of your children's form tutor(s).				
Form tutor for TWINA				
School name				
School address				
Form tutor forTWINB				
School name and address (if different)				
Do you have access to the Internet at home?	Yes □	No		
Do you have Broadband?	Yes □	No		
Your signature	Date			
Relationship to chidlren (e.g. mother, father, guarc	lian etc.)			
If you don't want to take part in the 12 year st return to us so we can update our records.	udy, please put	a cross	in the box bo	zlow and
\square No, I don't want to take part in the 12 year s	tudy. If you ar	e happy t	o give us the	reasons,
please state them below.				
As always, we are very grateful for any inform			•	
If you have any allestions please don't has	itate to call	us on o	ur freenhan	0800

317 029 or email us at teds@iop.kcl.ac.uk

Name:

Family ID: