

Our Ref: DM/EO/002  
Your Ref:  
Contact:  
Tel: 01698 274907  
E Mail: ht@noble.n-lanark.sch.uk  
Date: 9<sup>th</sup> September 2019



Mr Daniel Murray  
Head Teacher

**Learning & Leisure Services**  
Noble Primary  
Shirrel Avenue  
Bellshill  
ML4 1JR

Dear Parent/Carer,

As part of the Scottish Attainment Challenge your child's school is one of many schools receiving access to a Physical Active Health programme called 'Better Movers and Thinkers' (BMT) and 'Developmental Movement' (DM). The BMT approach aims to improve thinking and memory skills and is delivered during PE lessons, with some children additionally taking part in Developmental Movement.

To help measure the impact of both these programmes we are asking for consent to use information gathered about your child before and after the programme for research purposes. Data will be gathered by class teachers and Physical Active Health Leads and will focus on the changes in physical abilities before and after the programme. Data will also be analysed in relation to attainment data routinely collected by the school. The findings relating to all data will be anonymised.

**All information will be treated as confidential. Children and the establishment will not be named in the research. Data will be held securely and will not be kept for longer than necessary.**

The findings will be used in a report for The Scottish Attainment Challenge and summary information will be presented to schools and other establishments in North Lanarkshire. A summary report will be available if required.

All children are taking part in BMT, with some taking part in DM also. However, children's data will only be included in the research if permission is given. Taking part in the research project is voluntary and permission can be withdrawn at any time by contacting the school or the research team at Psychological Service on 01236 856 200 who can also be contacted if you require further information.

If you are happy for your child to participate in the research please complete the attached form and return it to the school.

Thank you in anticipation for your support and cooperation.

Yours sincerely,

A handwritten signature in black ink that reads "Daniel Murray".

Mr D. Murray  
Head Teacher

**Research Team Contact Details**

Research Team (Psychological Service)

01236 856200; [Taylorste@northlan.gov.uk](mailto:Taylorste@northlan.gov.uk); [DonaldsonA@northlan.gov.uk](mailto:DonaldsonA@northlan.gov.uk)



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**Physical and Active Health Evaluation**  
**Consent Form**

I agree to my child participating in the research

I understand that information sought from my child will remain confidential and agree to the information being obtained.

I am aware that I may withdraw permission at any time during the study.

Child's name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name (please print):  
\_\_\_\_\_

**\*Please return this form to the class teacher before Friday the 20<sup>th</sup> of September\***