

**ASSENT FORM FOR CHILDREN / OTHER DEPENDENTS**

(To be completed by the child and their Parent /Guardian)

**Title of Research:**

[*Insert Title of Project as in application for ethical approval]*

**Researcher’s Name:**

*[Insert Name of Researcher and Schoo]l*

Child (or if unable, parent/guardian on their behalf) / young person to circle all they agree with

Have you read (or had read to you) information about this project? Yes/No

Has somebody else explained this project to you? Yes/No

Do you understand what this project is about? Yes/No

Have you asked all the questions you want? Yes/No

Have you had your questions answered in a way you understand? Yes/No

Do you understand it’s OK to stop taking part at any time? Yes/No

Are you happy to take part? Yes/No

If any answers are ‘no’ or you **don’t** want to take part, don’t sign your name!

All information collected about you during the course of the research will be kept **strictly confidential.** Any information about you will not be disclosed to anyone. If the results of this study are published no referencewill be made to those individuals who took part.

If you **do** want to take part, you can write your name below

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your parent or guardian must write their name here if they are happy for you to do the project.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The researcher who explained this project to you needs to sign too.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_