

(Title of the Research Project)

(Version Number, Date)

INFORMATION SHEET FOR ASSENT

This informed assent form is for children between the ages of _____ who attend clinic/school _____ and who we are inviting to participate in research _____.

[Name of Principal Investigator]

[Name of Organization]

1. Introduction

My name is (*give your name*) and my job is (*say what you do and clearly state that you are doing research*).

I will give you information and invite you to be part of a research study. You can choose whether or not you want to participate. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your parent(s)/guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your parents have agreed.

You may discuss anything in this form with your parents or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

2. Purpose:

Explain the purpose of the research in clear simple terms.

3. Choice of participants:

You are selected for this study because (explain)

4. Participation is voluntary:

You don't have to be in this research if you don't want to be. It is up to you. If you decide not to be in the research, it is okay and nothing changes. Even if you say "yes" now, you can change your mind later and it's still okay.

5. Procedures:

Explain the procedures and any medical terminology in simple language. Focus on what is expected of the child. Describe which part of the research is experimental.

6. Risks:

Explain any risks using simple, clear language.

7. Discomforts:

If there will be any discomforts state these clearly and simply. Address what may be some of the child's worries, for example, missing school or extra expense to parents.

8. Benefits:

Describe any benefits to the child.

9. Reimbursements:

Mention any reimbursements or forms of appreciation that will be provided.

10. Confidentiality:

We will not tell other people that you are in this research. No information by which you can be identified will be released or published.

11. Sharing the Findings:

When we are finished with the research, I will inform the results to *principal/teachers/parents*. (State any limits to confidentiality. Indicate what their parents will or will not be told.)

Afterwards, we will be telling more people, scientists and others, about the research and what we found. We will do this by writing and sharing reports and by going to meetings with people who are interested in the work we do.

12. Who to Contact:

You can ask me questions now or later. You can ask the nurse questions. I have written a number and address where you can reach us or, if you are nearby, you can come and see us.

List and give contact information for those people who the child can contact easily.

If you choose to be part of this research I will also give you a copy of this paper to keep for yourself. You can ask your parents to look after it if you want. If you want more details on the study these are available in the Information sheet and consent Form provided to your parents.

(Title of the research project)

(Version number, date)

CERTIFICATE OF ASSENT

I understand the research is to *(purpose of study and procedure very briefly)*

I have read this information (or had the information read to me), I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the research. Print name of child _____ Signature of child: _____ Date: _____
--

I do not agree to take part in the research. Print name of child _____ Signature of child: _____ Date: _____

I have accurately read / witnessed the accurate reading of the assent form to the potential participant/child has read and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

Print name of researcher _____

Signature of researcher _____

Date _____