

# POSSIBLE ASSENT FORM FOR CHILDREN

(to be completed by the child and their parent/guardian)

## Project title

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

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

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!

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

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

Date \_\_\_\_\_

The doctor who explained this project to you needs to sign too:

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

Sign \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your help