### CHILD AGED 12-15 ASsent form

[affix\_barcode]

Version: 5, 23 October 2024

Local Lead Investigator: [local\_lead\_investigator\_name]

Chief Investigator: Prof JK Baillie, University of Edinburgh

***Assent of competent young people.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * I have read the leaflet about this study and I understand it. * I know I do not have to take part if I don’t want to and can change my mind - the doctors and nurses will still look after me. * I do not mind if someone doing the research looks at my medical records to see if the study is done in the right way. I know the people doing the research will keep personal things about me private. * I agree to let someone talk to me about another study in the future, after this study ends. * I agree to take part in this study.  |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of person taking assent  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person taking assent  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of participant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of participant  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | | --- | --- | | ***If the participant cannot write or read the form:***  I have no involvement in this research study and I attest that the information concerning this research was accurately explained to the participant in language they can understand, and that informed consent was given freely by the participant. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of witness  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Please sign below if you agree to all of the statements above** |

Consistent with best practice, and when appropriate, children and young people should be invited to indicate they are willing to participate in this study (assent). Should a competent young person decline to being involved, our study protocol is that the young person’s decision should be respected.

Original to be retained in site file. One copy to be given to participant.