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This is a template assent form which includes the types of statements that should be provided to children aged 12 years and under in order for them to provide assent in the ethical sense and to satisfy the common law duty of confidence. Please consider the possible differences in reading vs chronological age when drafting your own assent form and ensure that you produce a version which is suitable for the youngest participant within the group. For older age ranges (e.g. 13-15 and 16-18) you should consider whether another template is appropriate.

We have provided guidance notes in **red** for you to consider, please ensure you replace these with your own text/pictures or delete statements if not appropriate to your project. In all example text provided below you **must change the wording in red** to reflect the details of your specific project. **You should also delete this guidance section.**

Please ensure you also **adjust the footer to the correct version number and date for your project**.

**Below are examples of consent statements that you may use if relevant. Please ensure you delete any points which are not relevant to your study and renumber the statements as appropriate.**

**Title of Research**

**Tell us if you want to take part**

|  |  |  |
| --- | --- | --- |
|   | **Activities** | **Yes/No** |
| 1 | Do you know what we will be doing today? | Yes/No |
| 2 | Do you want to ask me any more questions about it? |  Yes/No |
| 3 | Do you know that you can change your mind if you do not want to take part anymore? You do not have to tell me why. | Yes/No |
| 4 | Are you happy for me to take **pictures** and **videos** of you? | Yes/No |
| 5 | Are you happy for the **pictures** and **videos** of you to be used in my **books** and **reports**? | Yes/No |
| 6 | Are you happy if I write what you tell me in my **books** and **reports**? | Yes/No |
| 7 | Do you know that the things you tell me might be looked at by people who help to keep you safe? | Yes/No |
| 8 | Are you happy if I share **what we do/pictures of you/videos of you** with other people who do work like me? | Yes/No |
| 9 | Do you know we might have to tell your **parents/guardians/teachers** things you say? | Yes/No |
| 10 | Are you happy to take part in what we talked about? | Yes/No |

If 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person taking assent Signature Date

[Insert details of what will happen to the copies of consent form e.g. 1 copy for the participant, 1 copy for the research team (original)]