



**ASSENT FORM FOR YOUNG PEOPLE
AGED 6-15 YEARS
NIHR BIORESOURCE - RARE DISEASES**



Version 1 27/04/2012

Young person to circle all they agree with please:

- | | | |
|---|-----|----|
| Have you read (or had read to you) 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?



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, please write your name and today's date.

Name of Child (PRINT)..... Date of Birth.....

Signature..... Date.....

Name of Mother* (PRINT).....

Signature..... Date.....

Name of Father* (PRINT).....

Signature..... Date.....

Name of Guardian(s) (PRINT).....

Signature..... Date.....

Name of person obtaining consent (PRINT).....

Signature..... Date.....

*Only one of the parents has to sign the form to validate it, but if parents wish to they can both sign.

When completed: a copy of this form will be returned to you. The original will be sent back to the NIHR BioResource study team together with your sample(s).