 

**CHILDREN’S ASSENT FORM**

**To be completed by the child and their parent or carer:**

IRAS ID: 294654

Centre Number:

Study Number:

Participant Identification Number for this trial:

**Title of Project: ELSA-1 Family interview study**

Name of Researcher:

**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 (or if unable, parent on their behalf):**

Child’s name:

Date:

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

Print Name:

Sign:

Date

**Thank you for taking part in the ELSA-1 study.**