**CHILD PARTICIPANT’S ASSENT FORM**

**INFORMED ASSENT DECLARATION**

**(Child participant aged 10 years or younger)**



**Project Title:** *…………………………………………………………..* (**Simplify it if necessary**)

**Researcher’s name:** ………………………………………………………………………………

**Name of participant:** ………………………………………………………………………………

1. Has the researcher explained what you will be doing with her/him during this research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Has the researcher explained why s/he wants you to take part?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you know that your name will not be used in the research? (You can create another name for yourself).

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Did the researcher invite you to ask any questions about the research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you understand that you do not have to take part in the research and that nothing will happen to you if you choose not to take part?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you know who to talk to if you are worried or have any other questions to ask?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Has anyone forced you to take part in this research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Are you willing to take part in the research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

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

**Signature of Child**  **Date**

