

ADOLESCENT (Ages 13-17) ASSENT TO PARTICIPATE IN STUDY/PROJECT

[Insert title of the study/project]

IMPORTANT: The red font is here as a guide, when you submit your assent and consent documents, please ensure that the whole document has **black font only**. The red guidance text may also be removed at submission.

[Insert names and degrees of Principal Investigator/Project Lead as appropriate] from the *[insert department/organizational affiliation]* are conducting a study/project. You were chosen as a possible participant in this study/project because *[explain why the potential participant is eligible to participate]*. Your participation in this study/project is voluntary. That means that it is totally up to you to decide if you want to be in the study/project. That also means that you can decide to stop participating in the study/project at any time.

Why is this study/project being done?

[Describe in a few sentences what the study is designed to assess or establish. Use language that is easily understandable by the participants in the study/project and avoid using jargon and technical terms]

What will happen if I take part in this study/project?

Please talk this over with your parent(s)/guardian(s) before you decide whether or not to participate.

We will ask your parent(s)/guardian(s) to let you take part in this study/project. Even if they say “yes”, you can still say “no”. You do not have to join this study/project if you do not want to.

If you agree to participate in this study/project, you will be asked to:

- *[List and describe the procedures/tests/activities and their frequency chronologically using simple language, short sentences and short paragraphs.]*
- *[Use bullets or number the paragraphs as appropriate.]*
- *[If there are questionnaires or interviews, describe types of questions.]*
- *[Specify location of the study/project activities, if appropriate.]*
- *[If the study will include experimental and non-experimental procedures, please specify which procedures are experimental.]*

How long will I be in the study/project?

[Short-term/simple study/project:] Participation in the study/project will take a total of about **XX** minutes/hours. *[over a period of XX days/weeks].*

[Long-term/complex study:] You will be asked to **XXX** every **XXX** for *[months, weeks/until a certain event]*. *[When appropriate, state that the study/project will involve long-term follow-up and specify time frames and requirements of follow-up].*

Are there any possible risks or discomforts that I can expect from this study/project?

- *[List and describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed.]*
- *[If there are significant psychological risks that might cause the researcher to end the participant's participation in the study/project, please describe them.]*
- *[If there are no anticipated risks or discomforts, please state, "There are no anticipated risks or discomforts related to being in this study/project."]*

Are there any potential benefits if I participate?

You may benefit from the study/project... *[Describe benefits to participants expected from the research/project. If the participants will not directly benefit from participation, please state, "You will not directly benefit from your participation in the research/project."]*

The results of the study/project may... *[Describe the potential benefits, if any, to science or society expected from the research/project.]*

Alternatives to participation

[NOTE: If the research does not involve treatment (e.g., behavioral therapy), this section is NOT required.]

[If the research includes treatment, please describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether or not to participate in the study. If applicable, explain why these procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the study.]

Will I receive any payment if I participate in this study/project?

You will receive... *[describe amount of payment and how and when payment will be received. If participant will not receive payment, say "You will receive no payment for your participation."].*

Will information about me and my participation be kept confidential?

Any information we collect as part of this study/project that can be used to identify you will stay confidential. It will be shared only with your permission or as required by law. We will do our best to ensure confidentiality by... *[describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.]*

Withdrawal of participation by the investigator

In some situations, the investigator may decide to withdraw you from participating in this research/project. If...*[describe the circumstances in which you would withdraw subjects from participation in the research/project]*, you may have to drop out, even if you would like to continue. The investigator will make the decision and let you know if it is not possible for you to continue.

What are my rights if I take part in this study/project?

- You can choose whether or not you want to be in this study/project. If you take part in this study/project, you may leave the study/project at any time without getting in trouble or losing anything to which you were otherwise supposed to get.
- You are not waiving any of your legal rights if you choose to be in this study/project. You may refuse to answer any questions that you do not want to answer and remain in the study.

Who can I contact if I have questions about this study/project?

- **The study/project team:**
If you have any questions, comments, or concerns about the study/project, one of your parents can talk to the one of the researchers/project leads.
- If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers/project leads, your parent/guardian has a number they can call.

You will be given a copy of this information to keep for your records.

SIGNATURE OF STUDY/PROJECT PARTICIPANT

I understand what the study/project will be about as described above. My questions have been answered fully. I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date