Genomics england

For children and young people

R3/R4

100,000 Genomes Project

Hospital logo here

Assent form for children and young people aged 6-15 years

Please tick (✓) your answers to the questions.

1	Have you read (or been read to) about this Project?	Tick your choice	Yes	No
2	Has somebody else explained this Project to you?	Tick your choice	Yes	No
3	Do you understand what this Project is about?	Tick your choice	Yes	No
4	Have you asked all the questions you want?	Tick your choice	Yes	No
5	Have you had your questions answered in a way you understand?	Tick your choice	Yes	No
6	Do you understand it's OK to say you don't want to join – or that you want to stop taking part, but that your parent/s (or whoever looks after you) will make the final choice?	Tick your choice	Yes	No
7	Are you happy to take part?	Tick your choice	Yes	No

If any of your answers are 'no' or you don't want to take part:

- Don't sign your name on this form.
- Tell your parents and healthcare team how you feel, so they know.
- Ask them any questions you may have.

If you do want to take part, please write your name and today's date.

Name of child (BLOCK CAPITALS)

Date of birth DD / MM / YY

Signature

Date DD / MM / YY

Name of mother* (BLOCK CAPITALS)

Signature

Date DD / MM / YY

Name of father* (BLOCK CAPITALS)

Signature

Date DD / MM / YY

Or

Name of guardian(s) (BLOCK CAPITALS)

Signature

Date DD / MM / YY

Name of person obtaining consent (BLOCK CAPITALS)

Signature **Date**

D D / M M / Y Y

*Only one parent (with parental responsibility) has to sign this 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 your clinical team together with your sample(s).

1 (original) to be kept in child participant's 100,000 Genomes Project records.
1 copy for parent completing this form.
1 copy for additional parent (if applicable).
1 copy for child participant (if requested).

Staff only (as applicable)

Adult participant NHS no:

INSERT LOCAL CONTACT DETAILS/ LABEL HERE