**ADOLESCENT ASSENT TO PARTICIPATE IN RESEARCH (Age from 13 to <18)**

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|  |  | **Project Information** |  |
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|  | Project Title: |  |  | Project Number: |  |
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|  |  |  |  |  |  |
|  | ERC Ref No: |  |  | Sponsor: |  |
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|  |  |  |  |  |  |
|  | Principal Investigator: |  |  | Organization: |  |
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|  | Location: |  |  | Phone: |  |
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|  | Other Investigators: |  |  | Organization: |  |
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|  | Location |  |  | Phone: |  |
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You are being asked to participate in a research study conducted by ***[insert your name & status: a student/a professor] supervised by [insert name of faculty supervisor] from the [insert academic department name]*** at The Aga Khan University. You were selected as a possible participant in this study because ***[explain why the potential participant has been selected].*** Your participation in the research study is voluntary.

**Why is this study being done?**

[***State what the study is designed to investigate in about 2 sentences.]***

***[Throughout this process, use language that is appropriate and understandable to the participant. Avoid jargon and technical terms whenever possible.]***

**What will happen if I take part in this research study?**

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. Even if your parents say “yes” you can still decide not participate.

If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study.

If you volunteer to participate in this study, the researcher will ask you to do the following:

[***List and describe the activities and/or questions that will be asked of the participant. Specify the location of the study, if necessary.]***

**How long will I be in the research study?**

***[State how long participation in the study will take. If there will be a follow up to the original survey, be clear regarding what that time frame would be.]***

**Are there any potential risks or discomforts that I can expect from this study?**

***[List and describe any possible risks, and how these risks will be managed. If there are no anticipated risks, state that there are none.]***

**Are there any potential benefits if I participate?**

You may benefit from the study by [***describe any potential benefits to the participant expected from the study]. [OR, if there are potential benefits to society or science state “The results of my research may…….list any benefits to society or science.”]. [If there are no potential benefits, state “You will not directly benefit from participation in this study”.]***

**Will I receive any payment if I participate in this study?**

***[State that “you will receive no payment for participation in this study.”]***

**Will information about me and my participation be kept confidential?**

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by [***describe your procedures to keep this information confidential and how the data will be safeguarded].***

**Who can answer questions I might have about this study?**

If you have any questions, comments or concerns about this study, you can talk to one of the researchers. Please contact [***your name and faculty supervisor] at [phone number, email, address, whichever is more appropriate].***

This study has been reviewed and approved by AKU Ethics Review Committee.

**SIGNATURE OF STUDY PARTICIPANT:** I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_