

### Research Institute in Information and Language Processing

**Research Assent Form: For participants who are under the age of 18 or participants unable to give informed legal consent**

To be completed by the young person and parent/guardian or participant unable to give legal consent and legal carer.

**Title of Research:**

		Yes	No
1.	Has the project been explained to you?  Do you understand what the project is about?		
2.	Have you asked all the questions you want?		
3.	Have you had your questions answered in a way you understand?		
4.	Are you happy to take part?		

If any answers are 'no' or you do not want to take part do not sign your name below.

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Name of parent/guardian/carer \_\_\_\_\_

Signature of parent/guardian/carer \_\_\_\_\_

Name of researcher \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

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