**Form 5**

## 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 |
|  | Has the project been explained to you?  Do you understand what the project is about? |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Yes |  | No |
|  | Have you asked all the questions you want? |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Yes |  | No |
|  | Have you had your questions answered in a way you understand? |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Yes |  | No |
|  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_