



ASSENT FORM FOR CHILDREN
(to be completed by the child and their parent/guardian)

Title of Project: Drug resistant TB contacts registry.

Name of PI/Researcher responsible for project: Kate Gaskell

Child/young person (or if unable to, parent on their behalf) to complete	Please <u>circle</u> all you agree with:	
Have you read (or had read to you) information about this project?	Yes	No
Has somebody else explained this project to you?	Yes	No
Do you understand what this project is about?	Yes	No
Do you understand that it is ok to stop taking part at any time?	Yes	No
Do you understand you can access your data at any time?	Yes	No
Are you happy to take part?	Yes	No

If you would like to take part in this project please write your name and today's date:

Your name	Date

Your parent or guardian must write their name here too if they are happy for you to take part:

Print name	Signature	Date

The doctor who explained this project to you needs to sign too:

Print name	Signature	Date

Thank you for your help



A copy of this informed consent document has been provided to the participant.

Centre Number:

Study Number:

Participant Identification Number: