**Template of the Assent Form**

*(Please include your version number and date on the right footer)*

1. **Project title**

*(Please include the full project title as used in the IRB Application Form. A simplified title within brackets can be included if the project title is too technically worded.)*

1. **Principal Investigator and co-investigator(s), if any, with the contact number and organization.**

**ASSENT FORM FOR RESEARCH**

[This form should be written in language appropriate to the developmental level of the minor subject. Introductory section should begin with words to this effect]:

My name is [identify yourself to the child by name]. We are inviting you to take part in a research study because we are trying to learn more about [briefly outline the study]. We will explain the project to you in detail. You should feel free to ask questions. If you have more questions about this study later, please call [contact person], the person responsible for this study, at the contact number shown at the start of this page.

Description of the Project:

[Describe the nature of the study and the purpose of the research.

Special attention must be given to processes for quitting or withdrawal from research.

The researcher should be cognizant of signs of discomfort shown by the child throughout the study, and periodically inquire about the child’s feelings. Include procedures for withdrawal that address these considerations.]

What will be done:

If you agree to be in this study, you will be asked to [here describe, in lay terms, what will happen to the subject, the duration/frequency of the subject’s involvement, note any parts of the study that are considered experimental and explain alternative procedures, if any exist]

Risks or discomfort:

[Explain any risks or discomforts, physical or otherwise, that might reasonably be expected as a result of participation; if none are expected, state that here]

Benefits of this study:

[Describe anticipated benefits to the subject, or to others, of the study. If there is no foreseeable direct benefit to the subject, include a sentence to this effect:] Even though there will be no direct benefit to you for taking part in this study, we may learn more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Confidentiality:

[Describe the manner in which subject confidentiality will be maintained] Your part in this study is (confidential/ anonymous) [as applicable]. [Use words to this effect, as applicable:] No one else will know if you were in this study and no one else can find out what answers you gave. We will keep all the records for this study [here describe how/where records are to be stored/maintained]

Decision to quit or not participate at any time:

[Using words to this effect:] You might want to talk this over with your parents before you decide whether or not to be in this study. The decision to be part of this research is up to you. You do not have to participate. We will also ask your parents to give their permission for you to take part in this study, but even if your parents say “yes”, you can still decide not to do this. If you do decide to participate, you can always drop out of the study at any time. Whatever you decide will not be held against you in any way. No one will be upset if you don’t want to participate or even if you change your mind later and want to stop. If you want to quit the study, just let [contact person / phone number] know or ask one of your parents to call us.

Remember, you can ask any questions you may have about this study. If you have a question later that you didn’t think of now, you can call me at [insert phone number] or ask me next time. Would you like to read or hear about this study a second time?

Signing your name at the bottom of this form means that you have read or listened to what it says and you understand it. Signing this form also means that you agree to participate in this study and your questions have been answered. You and your parents will be given a copy of this form after you have signed it.

For an independent opinion regarding the research and the rights of research participants, you may contact the Human Protection Administrator (Attn: Ms Julie Sabaratnam, at telephone 6303 6691 or email at [juliesabaratnam@sutd.edu.sg](mailto:juliesabaratnam@sutd.edu.sg)).

\* This research has been explained to me in \_\_\_\_\_\_\_\_\_\_\_ (state language), which I understand, by \_\_\_\_\_\_\_\_\_\_ (name of translator) on \_\_\_\_\_\_\_ (date).

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| Name and Signature (Participant) |  | Date |
|  |  |  |
| Name and Signature (Consent Taker) |  | Date |
|  |  |  |
| \* Name and Signature (Translator) |  | Date |

*\*(Please include this section if the subject is unable to understand English and read any of the translated consent documents available.)*