

Assent form: Research Study: Imprinting disorders, finding out why?

for child participants

Please circle all they agree with (or if unable, parent / guardian on their behalf)

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

Have you asked all the questions you want? Yes/No

Have you had the questions answered in a way you understand?

Yes/No

Do you understand it's ok to stop taking part at any time? Yes/No

Are you happy to take part? Yes/No

If any answers are 'no' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below

Your name

Date

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

Print name

Sign

Date

Thank you for your help.

