# FACULTY OF THEOLOGY AND RELIGION

# INFORMATION AND ASSENT DOCUMENT FOR 7-17 YEARS

**Study title: …………………………………………………………………………………………….**

**Principal Investigator: …………………………………………………………………………….**

**Supervisor: …………………………………………………………………………………………..**

**Institution: ……………………………………………………………………………………………**

**Daytime telephone number/s: …………………………………………………………………….**

**Date and time of informed consent discussion:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  **:** |
| **date** | **month** | **year** |  | **Time** |

1. **INTRODUCTION**

My name **[is researcher name**]. I want to know more about ………. **[topic of study]** so that I can help people better. You know things that will help me understand ...............**[topic]** better. That is why I would like to invite you to talk to me about it. We call this a research study. We are looking for new knowledge.

It is your choice if you want to or not. I have asked ................. **[parent(s)/legal guardian]** and they gave given their permission. You can discuss with them if you want to take part in this or not. If you say yes and at any point don’t want to any more, you just say so and we will stop immediately. Nothing will happen to you if you want to stop. It is your choice. If there is anything you do not understand or want me to explain, please ask at any time.

1. **WILL ANYONE KNOW I AM IN THE STUDY?**

Only I will know your name and what you have told me. I will not use your name in the study and no one will know it was you who talked to me.

1. **CONSENT TO PARTICIPATE IN THIS STUDY**

Do you understand this research study and do you want to take part in it?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

Do you understand that ……………………………………**[What is expected of participant]**

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

Have I (the researcher) answered all your questions?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

Do you understand that stop at any time if you want to. Nothing will happen to you?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

You can think about whether you want to take part in the study. You can discuss it with ............ **[parent(s)/guardian]** and decide.

If you sign at the bottom it will mean that you have read this paper, and that you would like to be in this study.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Your Name** | **Person Obtaining** **Consent** | **Parent / Guardian / Teacher****As Witness** |
| **Name**Please Print |  |  |  |
| **Signature** |  |  |  |
| **Date** |  |  |  |