



Space for local NHS Trust logo if required. Delete this box if not needed.

**ASSENT FORM FOR CHILDREN aged 12 and under
(to be completed by the child and their parent/guardian)**

Project Title: CF Registry

Child (or if unable, parent on their behalf) /young person to circle all they agree with please:

Have you read (or had read to you) the information sheet dated 22 January 2024 (version 4.0) 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 your 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, 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 do the project

Print Name _____

Sign _____

Date _____

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

Print Name _____

Sign _____

Date _____

Thank you for your help.