

First name	NHS number (or postcode if not known)																			
										Date of birth										
										d	d	/	m	m	/	y	y		y	y



National Genomic Research Library Young Person Assent Form (ages 6 – 15)

Feel free to ask any questions before answering the questions below.

Please indicate your choices below by ticking the appropriate box:

1. Have you read information or has someone explained the research to you? YES | NO
2. Have you asked all the questions you want? YES | NO
3. Have you had your questions answered in a way you understand? YES | NO
4. Do you understand it's OK to say you don't want to take part – but that your parent(s), or guardian who look after you, will make the final choice? YES | NO
5. Are you happy to take part? YES | NO

If ANY of your answers are 'NO', or you don't want to take part:

- Don't sign your name on this form
- Tell your parents and healthcare team how you feel, so they know

If ALL of your answers are 'YES':

- Please write your name, signature, and today's date here:

Your name	Signature	Date
Assent obtained remotely, no participant signature <input type="checkbox"/>		
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