

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:**

- Have you read information or has someone explained the research to you? **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 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**
- 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		
.....		d   d   /   m   m   /   y   y   y   y