

Assent form for children aged 6-11 years

Please answer these questions, by ticking either "yes" or "no", so that we know if you are happy to take part in the ASYMPTOMATIC study:

Has somebody explained the study 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 in the study? Yes No

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

Your name

.....

Today's date

.....

The doctor who explained this to you needs to sign this too. After they have signed they will give you a copy.

Researcher full name (please print): Site Name:

Researcher signature: Date: / /

If assent was given over the telephone researcher to complete the following questions:

Date of the telephone call : / /
Full name of person who completed the telephone call: _____
Role in study (delete as appropriate): Study team at GP practice / central study team/
CRN staff

Please ensure that the participant study number, available in IRSP, is added to the top of this assent form