**EK II-B**

**Non-Adult Debrief and Voluntary Participation Form**

**(Age category 11-17)**

**Project Title:**

**Researcher(s):**

**Supervisor:**

We want to tell you about a research study we are doing. A research study is a way to learn more about something. We would like to find out more about *[insert topic and describe goals in simple language].* You are being asked to join the study because *[insert name of condition or other reason(s) for inclusion].*

If you agree to join this study, you will be asked to *[describe procedures, (e.g., questionnaires, activities) in words a child would know and understand. Also include number of visits and time frame in words easily understood by a child].*

*Describe possible risks if any (e.g., fatigue) in simple language.*

*Use any of the following statements that are appropriate to describe benefits:*

* We do not know if being in this study will help you.
* We may learn something that will help you or other children by *[describe how].*
* This study will help us learn more about *[topic under investigation].*

You do not have to join this study. It is up to you. You can say okay now. You can also say no. If you say okay now, you can change your mind later. If you want to stop, then all you have to do is tell us you want to stop. No one will make you complete the study if you don’t want to be in the study.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. Just tell the researcher that you have a question.

We will also talk to your parents/guardians/teachers *delete as appropriate* about this study. You can talk this over with them before you decide.

If you have any questions about this study please feel free to contact *Insert Study contact name and contact details*

Would you like to be in this research study?

 \_\_\_\_\_ ☺ Yes, I will be in this research study. \_\_\_\_\_ ☹ No, I don’t want to do this.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Child’s name Signature of the child Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Person who received assent Signature Date