**APPENDIX II-B**

**Non-Adult Debrief and Voluntary Participation Form (Ages between 11 – 17)**

**Project Title:** ……………………………………………

**Primary Researcher:** ………………………….…………………

**Supervisor (if any):** ………………………………………………..

We would like to inform you about a research study we are carrying out. A research study is a way to learn more about something. We would like to do research on ….……………………………*.* [specify the topic and explain the goals with a plain language] and you are invited to join the study because ….……………………………*.*….……………………………*.* [specify the condition(s) or reason(s)]*.*

If you agree to join this study, we will ask you to do specific things. [explain the procedures with a tone that can easily be understood by children (*for example: questionnaires, activities*). Moreover, specify the visit and timing with a tone that can easily be understood by children]

[*If any, explain the possible risks (ex: fatigue) with a plain language*]

[*Choose from the statements below that would emphasize the benefits of the research*]

With this research:

* We do not know if your participation in this study would benefit you.
* We may learn something that will help you or other children [*explain how would it be helpful*].
* This study will help us learn more about ….……………………………….……… [*research topic*].

It is not compulsory to participate in this study. You will decide whether to participate or not. You may say ‘I would like to participate’ or ‘I do not want to participate’. You can withdraw from the research in any stage of the process even if you agree to participate in the research now. You just need to let us know that you would like to quit from the research. If you would like to withdraw from the research, nobody will force you to continue.

Before you say ‘yes’ or ‘no’ to participating in this study, we will answer any questions you have. If you join the study, you can ask questions to the researcher at any time. You just let the researcher know that you would like to ask questions.

We will also talk to your parents/guardians/teachers [those which are not applicable are removed] 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 ….….…………………………… . [specify the name and contact information of the person]

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.

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Child’s name Signature of the child Date

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Person who received assent Signature Date