

# Royal National Hospital for Rheumatic Diseases



SMILE Child Assent to study form v 6 16 May 2012

NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

## Under 16 Assent to study : SMILE

### Specialist Medical Intervention & Lightning Evaluation

**Please complete this if you are under 16 years old. Please initial boxes if "yes"**

I have read the leaflet about the study. I understand what the study is about and have had the chance to ask questions.	<input type="checkbox"/>
I understand that it is mine and my parent's/guardian's choice about whether or not to take part in the study and that it is ok for me to withdraw from the study at any time.	<input type="checkbox"/>
I agree that intervention sessions can be audio-recorded.	<input type="checkbox"/>
I agree that my school attendance records may be checked.	<input type="checkbox"/>
I agree that you will tell my GP that I am taking part in this study.	<input type="checkbox"/>
I agree that you may talk to my parents/guardian/carer about me	<input type="checkbox"/>
I have discussed the study with the research nurse and agree to join the study.	<input type="checkbox"/>
If I do not return follow up forms, I agree for a researcher to contact me on the phone to find out how I am getting along	<input type="checkbox"/>

**Please fill in the information below:**

Your name: .....	Your parent's/ guardian's name: .....
Signature: .....	Signature: .....
Today's date: ...../...../20.....	Today's date: ...../...../20.....
Researcher's name: .....	
Signature: .....	Today's date: ...../...../20.....



**THANK YOU!**

