



NHS Foundation Trust

CFS/NHS/PAEDIATRICS - Specialist help for ME.

Assent form for those under 16: SMILE

Specialist Medical Intervention & Lightning Evaluation

Please complete this if you are under 16 years old. Please tick boxes if "ves"

I have read the leaflet about the study. I under the chance to ask questions.	erstand what the study is about and have had	
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.		
I agree that intervention sessions can be audio-recorded.		
I agree that my school attendance records may be checked.		
I agree that you will tell my GP that I am taking part in this study.		
I agree that you may talk to my parents/guardian/carer about me		
I have discussed the study with the research nurse and agree to join the study.		
If you agree to take part, please fill in the i	nformation below:	
Your name:	Your parent's/ guardian's name:	
Your name:	Your parent's/ guardian's name:	
	46-14-14-14-14-16-16-16-16-16-16-16-16-16-16-16-16-16-	
Signature:	Signature:	

If you have decided not to take part, it would be useful for us to know your reasons (though you do not have to tell us if you don't want to). Do continue overleaf if necessary.

We will give you a copy of this consent form. A copy will be kept in your notes and a copy will be kept in a locked filing cabinet in a locked office in the University of Bristol. An encrypted password protected database will be created to store personal details. This will be kept on a secure NHS server in the Royal National Hospital for Rheumatic Diseases. All interview transcripts will be linked to you via an ID code on separate lists. The list linking the code will be kept in the University of Bristol with the consent forms.

