



**Participant Assent Form**

(Young Person Age 11-16)

**THE SPA PROJECT**

Name of Researcher: Mike Bond

Name of Participant:

Child/adolescent (or if unable, parent or guardian on their behalf) to circle all they agree with:

- Have you read the information sheet? Yes/ No
- Has someone explained this project to you? Yes/ No
- Do you understand what this project is about? Yes/ No
- Have all of your questions about this project been answered? Yes/ No
- Do you understand it's OK to stop joining in this project at any time? Yes/ No
- Are you happy to take part? Yes/ No

If any answers are 'no' or you do not want to take part, do not sign your name! If you do want to take part, you can write and sign your name below:

Your Name	Date	Signature (if appropriate)
_____	_____	_____

Your parent/carer's name	Date	Signature
_____	_____	_____

Name of Person taking assent	Date	Signature
_____	_____	_____