**PARTICIPANT ID:** …………………………

**ASSENT FORM**

## **Study Title:**

This study is being done by researchers from *[Institution Name]*, with support from *[Sponsor Name]*. We are doing a study to learn more about *[give a brief description of what* ***the study aims to achieve*** *in simple terms]*. You are being asked to take part because *[explain why the child is eligible]*. The total number of participants who will take part in this study is *[insert number].*

If you agree to be in the study, we will *[briefly list what the child will do, e.g., be asked some questions, have a small blood sample taken from them etc.]*. This will take about *[insert time]*.

You don’t have to be in the study if you don’t want to. You may stop at any time. You may refuse to answer questions you may not comfortable with. No one will be upset with you. You can also say yes now and change your mind later without penalty or loss of benefits.

While in the study you may experience the following risks and discomforts *[list them]*.

There is no direct benefit to you for participating, but the things we learn could help other children in the future.

All of the information you share with us will be kept confidential. Nothing used in a report will identify you or be linked to your name or household.

You will receive *[describe incentive e.g. … bars of soap]* for taking part in the interview.

This study has been approved by the School of Biomedical Sciences Research Ethics Committee (SBSREC). If you have any concerns, experience any harm, or feel at risk as a result of your participation in the study, contact the Chairperson of SBSREC, Dr. Moses Ocan, at 0782 355 302.

If you have any questions about the study, please contact *[insert PI’s name and contact].*

By signing this assent form, I confirm that I have read or have been told, and that I fully understood the above information. I agree to take part in this research study.

Name ……………………………….. Signature of participant ……………… Date ……………..

Make a thumbprint in the box below *<< if the participant can’t sign>>*

Person Administering Assent: ………………………….…................ Position …………………..

Signature of Person Administering Assent ………………………….… Date ……………………

Name ……………………………….. Signature of Witness ……………… Date ………………..