**CHILD ASSENT TEMPLATE**

**NB! DELETE THIS PAGE BEFORE ADAPTING THE TEMPLATE TO YOUR PROJECT!**

**HOW TO USE THIS TEMPLATE**

**Please note:**

1. Children who understand the basic concepts of research should be given the opportunity to assent to a study. Generally, children aged 7 to 17 should assent to research. This is not a fixed rule; some children younger than 7 may have sufficient insight and understanding to give assent.
2. If a child refuses to assent, this refusal should be accepted, even if the parents have consented. There may be exceptional cases where this rule does not apply. Please consult the REC: SBE Office in such cases.
3. This template is specifically for children aged 13–17.
4. If your project includes a wide range of children, you will need two versions of assent: one for younger children (ages 7–12) *(see the assent form template for ages 7-12)* and a more detailed one for adolescents (ages 13–17).
5. You can adapt the template to suit the needs of your specific project, including deleting sections that are not applicable or appropriate.
6. Adapt the language to the participant's age and understanding level, using simple words and sentences.
7. Consider using pictures or diagrams to further clarify complex concepts, especially for younger children.
8. This assent document must be used in conjunction with a Parental Information Leaflet and an Informed Consent form, which should provide more detailed information about the project.
9. Once your project is approved and you have a reference number, replace the information in the footer with your own details, e.g., Project No…… Assent Form Version 1.0; Date 17.02.2025.
10. The text written in [RED] serves only as a guide and should be replaced with the relevant project information before finalising the document. Additionally, this info page must be removed prior to finalising the document.

**PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM**

**Ages 13-17**

Form #: **MIN 03**

**TITLE OF THE RESEARCH STUDY:** *Insert the title of your research project in simple, non-technical language.*

**PROJECT ID:** [*insert project ID as it appears on the REC Application Form]*

**RESEARCHERS’ NAME(S):** [*insert]*

**What is RESEARCH*?***

Research is something we do to find **NEW KNOWLEDGE** about the way things (and people) work. We use research projects or studies to help us find out more about children and teenagers and the things that affect their lives, their schools, their families and their health.

**YOUR PARTICIPATION IN THE STUDY**

**Who is doing the research?**

This research study is conducted by [*insert your name and the names of other researchers involved in the study*].

The researcher(s) (is/are) from the [*insert your SU department*] at Stellenbosch University.

*[Kindly provide details: state who ‘we’ relates to, that is, whether you are a student registered at Stellenbosch University for a specific degree or part of a research team (names of the team members) and so forth.]*

**What is this research project all about?**

*Explain your project in plain language. Adapt the information to the age of the children that you plan to include.*

**Why have I been invited to take part in this research project?**

*Answer this question in plain language*

**What will happen to me in this study?**

If you agree to take part in this study, here’s what will happen:

***[SAMPLE TEXT PROVIDED IN RED - PLEASE DELETE WHAT IS NOT RELEVANT]***

***🗣️ Interviews***

*You will be asked to take part in a one-on-one interview with a researcher. This means you and the researcher will sit down and talk privately. The interview will take about [insert time, e.g., 30 minutes]. You’ll be asked questions about [insert topic, e.g., your experiences at school, your thoughts about health, etc.]. There are no right or wrong answers — we just want to hear what you think.*

*With your permission, the interview will be recorded using a voice recorder so we don’t miss anything you say. Your name will not be used in the recording or in any notes. Everything will be kept safe and private.*

***🧑‍🤝‍🧑 Focus Group Discussions***

*You might also be asked to join a group discussion with other young people. This is called a focus group. It will be led by a researcher and will last about [insert time]. You’ll be asked to share your thoughts and listen to others. You don’t have to say anything you’re not comfortable with. If any question makes you feel upset or uncomfortable, you can skip it or leave the group at any time. You do not have to share any information you are not comfortable with. If you feel upset, we can help you talk to someone like a doctor or therapist.*

***[Sample text for self-administered questionnaire]***

*This study involves answering some questions regarding your [insert topic/questions].*

*We would like you to complete a questionnaire. It will take approximately \_\_\_\_ minutes. The researcher will keep the completed questionnaires in a safe place to make sure that only people working on the study will have access to it. Please do not write your name on the questionnaire. This will ensure that your answers are kept confidential (so nobody will know what you have answered).*

*The data from your participation may be reviewed by people responsible for ensuring that research is conducted properly. All these individuals are required to maintain your confidentiality. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for others to see the records.*

**Can anything bad happen to me?**

*Explain any possible risks to the child, using simple terms. If something might be scary or anxiety provoking, state this in the assent form.*

**Can anything good happen to me?**

*Only describe known benefits to the participant and avoid overstating them. You may include any possible future benefits to others.*

**What happens to my information during and after the study?** *(delete what is not relevant to your study)*

According to the Protection of Personal Information Act (POPIA), you have the right to know about and agree to how your personal information is collected and used. This means you can see the information you have given and ask for changes if any of it is wrong or incomplete.

Any information you share with *[me/us]* during this study that could identify you will be kept safe. We will do this by [*describe the measures you will take to ensure confidentiality and/or anonymity, where and how data will be stored, who will have access to it, etc.*].

[*If the information will be released to or shared with any other person/institution/agency for any reason, please mention this here and identify the person/agency to whom the information will be furnished, the nature of the information, and the purpose of this disclosure. State whether the participant has the option to opt-out of their information being shared. State whether the information collected for this study will be used for future publications and/or used for other purposes in the future*].

[*If activities are audio-recorded, photographed or video-recorded, please state this and whether the participants will have the opportunity to review/edit the tapes, who will have access to these recordings, if they will be used for purposes other than this research study, and when they will be erased.*]

*[If you plan on publishing the results of the study describe how confidentiality and/or anonymity will be maintained in the publication.]*

**Will anyone know I am in the study?**

*Explain in simple terms that the child’s participation in the study will be kept confidential, but mention if any information about him/her will be shared with anyone else involved in the project or not directly involved in this project i.e. study sponsor, or supervisor. (NOTE: This information may not be applicable in assent forms for very young children).*

**Who can I talk to about the study?**

If you have any questions or concerns about this study, please feel free to contact the researcher, [Researcher’s name and surname] at [enter your SU contact information], and/or the study supervisor [Supervisor’s name and surname] at [Supervisor’s SU contact information].

**Who can I talk to about my rights as a research participant?**

*The information below must be included in your consent form. This is a regulatory requirement which states that an institutional contact person must be provided to participants if they want to raise concerns or questions]*

If you have any questions, concerns, or complaints regarding your rights as a research participant, or if you wish to exercise your rights under POPIA, please contact the Research Ethics Committee at Stellenbosch University: [[applyethics@sun.ac.za](mailto:applyethics@sun.ac.za); 021 808 9183]

**What if I do not want to do this?**

*Explain to the child that he/she can refuse to take part even if their parents have agreed to their participation. Explain that they can stop being in the study at any time without getting in trouble.*

***Sample text :***

No, you don't have to participate in this study if you don’t want to. It is up to you. You can say yes now and change your mind later. All you have to do is tell us you want to stop, and you will not get into trouble or be treated differently.

**PHOTOGRAPHING/VIDEO AND AUDIO RECORDING**

***Please delete this section if it does not apply to your study.***

***Audio, Video Recording and Photography***

*[If the study involves audio, video, or photography, the participant must make a specific statement of assent for this activity within the Assent form. If your project involves such activity, detailed information must be included in the Assent form at the end of the “***What will happen to me in this study?”** *section, along with the statement of authorisation below. Describe what will be recorded and what type of recording will be used i.e. audio, video, photos. Include the disposition of the photos and/or tapes upon study completion. Indicate how the tapes will be used. If the recordings will be used for any other purposes in addition to the research, i.e. educational programs or presentation at professional meetings, clearly provide information on that use. You may incorporate information regarding providing participants the option of seeing or hearing tapes or photographs prior to their use. If your project does not involve audio, video, or photo recording, you may delete this section from the consent document.]*

***Statement of authorisation to be photographed, Audiotaped or Videotaped.***

*I understand that my photographs / audio recordings / video recordings will be taken during the study**. (****For each statement, please choose YES or NO by inserting your initials in the relevant box)***

|  |  |  |
| --- | --- | --- |
| **Statement** | **YES** | **NO** |
| 1. I agree to having my photograph **taken** |  |  |
| 1. I agree to **being audio recorded** |  |  |
| 1. I agree to having my **video recorded** |  |  |
| 1. I agree that my photograph/audio recording/video recording may be **stored for future studies** |  |  |
| 1. I agree that my photograph/audio recording/video recording may shared with other researchers **in South Africa** |  |  |
| 1. I agree that my photograph/audio recording/video recording may be shared with other researchers **outside** **South Africa** *(in other countries)* |  |  |

***[delete the options that are not appropriate for this study]***

**UNDERSTANDING AND AGREEMENT**

***PLEASE NOTE THE FOLLOWING INSTRUCTIONS. DO NOT INCLUDE THEM INSTRUCTIONS IN THE ASSENT FORMS***

***Instructions to Researchers***

*If the child answers "NO" to any of the questions, the researcher should:*

1. *Take time to explain any aspects of the study that the child does not understand or is uncomfortable with. This may involve providing additional information or reassurance.*
2. *If the child still does not agree to participate or has concerns, respect their decision and do not include them in the study. Participation should always be voluntary.*
3. *Document the child's responses and any additional explanations provided. This ensures transparency and accountability in the consent process.*
4. *If the child decides not to participate, inform the study supervisor or sponsor about the child's decision and the reasons, if provided.*

***Please note:***

***The child completes this section with the guidance of the researcher. The researcher should ensure that the child understands each question and provide any necessary explanations.***

**Instructions for Completing the Understanding and Agreement Section**

1. Take your time to read each question in the Understanding and Agreement section.
2. For each statement, please choose **YES or NO** by inserting your **initials** in the relevant box
3. If you don't understand any question or need more information, ask the **researcher for help**. They are there to assist you.

|  |  |  |
| --- | --- | --- |
| **Question** | **YES** | **NO** |
| Do you understand this research study and are you willing to take part in it? |  |  |
| Has the researcher answered all your questions? |  |  |
| Do you understand that you can STOP being in the study at any time? |  |  |
| Do you **agree** that researchers would like to store your **information (data**) for future research? |  |  |
| I agree that my **information (data**) be shared with other researchers **in South Africa** |  |  |
| I agree that my **information (data)** beshared with other researchers **outside** **South Africa** *(in other countries)* |  |  |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

* **If you don’t want to be in this study, just say so, and don’t sign this form.**
* **If you want to be in this study, please sign your name below.**
* **If you sign here, it means you agree to participate in this study.**
* **The researcher will give you a copy of this form to keep.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Participants’ name (*print*) Date Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants’ signature

**SIGNATURE OF PERSON CONDUCTING ASSENT DISCUSSION**

I have explained the study to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*print name of child here*) in language they can understand, and the child has agreed to be in the study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Conducting Assent Discussion Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Conducting Assent Discussion (*print*)

**Translator/other person explaining Assent (if applicable):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Designation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date