



C2. CHILD ASSENT FORM (APPLICABLE IF MINORS ARE INVOLVED IN THE STUDY)

PART I: INFORMATION SHEET (NB: Avoid the use of technical language or jargons)

Introduction

My name is *[name of researcher]* and I am a *[qualification, status or position, department and institution]*. I am conducting research entitled *[research title]*. I am asking you to take part in this study because I am trying to learn more about *[purpose and should include the justification for the invitation]*.

Procedure

If you accept to be in this study, you will be asked to *[insert a detail description of the main research procedure such as completion of survey, body measurements, drug intake, sample collection etc]*. This will take *[insert length of participation]*.

Possible Benefits

Your participation in this study will result *[insert benefits and compensation]*.

Possible Risks and Discomforts

The risks associated are *[enumerate all associated risks]*. However, this will be addressed *[describe how you will address them]*.

Voluntary Participation and Right to Leave the Research

You are free to join this study and you can stop participating at any time if you feel uncomfortable. No one will be angry with you or punish you if you do not want to participate or stop participating. Please talk about this study with your parents before you decide whether or not to participate. I will also ask permission from your parents before you are enrolled into the study. Even if your parents/guardian say “yes” you can still decide not to participate.

Confidentiality

Indicate the procedures to ensure safety of the data [information or samples] retrieved and how you will make volunteers anonymous.

Contacts for Additional Information

You may ask me any questions about this study. You can call me at any time *[your contact information]* or talk to me the next time you see me. You may also contact *[any other person involved in the study; Co-PI, supervisor, sponsor etc.]*

Contact of Ethical Review Board

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phone lines [0558093143](tel:0558093143)/[0508878309](tel:0508878309) or email address: irb@ucc.edu.gh.



PART II: VOLUNTEER'S AGREEMENT

By making a mark or thumb printing below, it means that you understand and know the issues concerning this research study. If you do not want to participate in this study, please do not sign this assent form. You and your parents will be given a copy of this form after you have signed it.

The information which describes the benefits, risks and procedures for the research titled [*research title*] has been read and or explained to me. I have been given an opportunity to ask any questions about the research answered to my satisfaction. I agree to participate.

Child's Name:
Child's Mark/Thumbprint.....
Date:

Witness for volunteer must sign here:

I was present while the benefits, risks and procedures were read and explained to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Witness's Name:
Witness's Signature/Thumbprint.....
Date:

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above volunteer in the presence of the witness [*name of witness*].

Researcher's Name:
Researcher's Signature/Thumbprint.....
Date:



UNIVERSITY OF CAPE COAST, INSTITUTIONAL REVIEW BOARD (UCC-IRB)