**BUERB ASSENT FORM TEMPLATE**

[Study Title]

Assent Form for Children/Adolescents

Bicol University

[Researcher/Principal Investigator Name]

[Researcher/Principal Investigator Title]

[Department]

[Contact Information - Phone & Email]

(Note: This assent form is for children/adolescents who are old enough to understand what the study is about. It should be written in a language that they can understand. If the participant is below 7 years old, consider obtaining verbal assent.)

**What is this study about?**

We are doing a research study, which means we are trying to learn more about [topic of the study]. We are asking kids/teens like you to help us with this.

**Why are we doing this study?**

We want to learn more about [Explain the purpose of the study in simple terms]. This will help us to [Explain the benefits of the study in simple terms. E.g., "help other kids who have [Condition]," or "make school a better place for students."].

**What will happen if you are in this study?**

If you say it's okay to be in this study, here are some of the things that will happen:

[Describe the study procedures in simple terms. Examples:]

We will ask you some questions about [Topic].

You will [Describe what the child/adolescent will be doing, e.g., "draw a picture," "play a game," "read a story"].

We will [Describe any measurements or tests that will be done. E.g., "take your temperature," "measure your height," "ask you to do some exercises."].

This will take about [Amount of time].

**Do you have to be in this study?**

No. It's up to you if you want to be in this study. You can say "yes" or "no." Even if you say "yes" now, you can change your mind later and stop being in the study. No one will be upset with you if you don't want to be in the study.

**Are there any bad things that could happen if you are in this study?**

[Describe any potential risks or discomforts in simple terms. Examples:]

Some of the questions we ask might make you feel a little uncomfortable or sad.

[If applicable, describe any physical risks, e.g., "Your arm might be a little sore after we take your blood."].

We will do our best to make sure you feel safe and comfortable during the study. You can tell us if you feel uncomfortable and we will stop.

Are there any good things that could happen if you are in this study?

[Describe any potential benefits of participating in simple terms. Examples:]

You might learn something new about [Topic].

You might feel good knowing that you are helping other kids/teens.

[If applicable, mention any direct benefits, e.g., "You might get better at [Skill]," or "You might feel less [Symptom]."].

**Who will know you are in this study?**

We will keep your information private. That means that we won't tell anyone else that you are in this study unless we have to by law. We will not use your name in anything we write about the study.

**Who can you talk to if you have questions?**

If you have any questions about this study, you can talk to:

[Name of Researcher] at [Phone Number] or [Email Address].

You can also talk to your parents or guardians about this study.

Bicol University Ethics Review Board (BUERB)

You can also talk to the Bicol University Ethics Review Board (BUERB). If you have any questions or concerns about your rights as a research participant, including grievances and complaints, you may contact the BU Ethics Review Board at [Contact Information - Phone and/or Email].

**Saying Yes or No**

If you want to be in this study, please sign your name below. Remember, you can change your mind at any time.

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

Your Name (Printed)

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

Your Signature

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

Date

I have explained this study to the child/adolescent, and they have agreed to participate.

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

Researcher Name (Printed)

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

Researcher Signature

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

Date