**WP3 Child Assent form (under 16)**

Project title: **Mental health in children with epilepsy trial**

*Child/young person to circle all they agree with:*

Has somebody explained this project to you? Yes / No

Do you understand what this project is about? Yes / No

Have you asked all the questions you want? Yes / No

Have you had your questions answered in a way you understand? Yes / No

Do you understand it’s OK to stop taking part in this project at any time? Yes / No

Do you understand that you might not get the new treatment? Yes / No

Do you understand that if at any time you say anything to us that makes us think you or someone else could be harmed, we would have to tell others? Yes / No

Do you understand that information about you will be kept on paper and on the computer? Yes / No

Are you happy to take part? Yes/No

**If any answers are “no” or you don’t want to take part, don’t write your name below!**

If you do want to take part, you can write your name below:

Your name

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

Date

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

The person who explained this project to you needs to write and sign too:

Print Name

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

Sign

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

Date

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

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