# INFORMED ASSENT FORM

*Adapted from guidelines for research with minors (*between 7 and 17 years of age)*, including the Belmont Report, the Declaration of Helsinki, and CIOMS Guidelines.*

**Title of the Research Study:**Click here to enter text.

**Ethics Reference Number:**Click here to enter text.

**Principal Researcher/Supervisor:**Click here to enter text.

**Postgraduate Student (if applicable):**Click here to enter text.

**Address:**Click here to enter text.

**Contact Number:**Click here to enter text.

**Introduction**

This form helps you understand what the research is about and what will be asked of you. It is important for you to know that participating in this study is completely voluntary. You do not have to join, and if you choose to, you can change your mind at any time.

The Institutional Review Board (IRB) at KIMEP University (IRB Number: [00000-00-A1]) has approved this study, and we will follow strict ethical guidelines.

**Study Details**

[Briefly describe the purpose and goals of the research.]

**Assent**

I give my full assent (permission) to the collection of my personal data. The researcher has also explained to me (a) the purpose of the research, (b) what I will need to do (c) how long it will take (d) the data collection methods to be used and storage of data, (e) any possible risks or discomforts I may experience, (e) that the information I provide will remain confidential (no-one will know my name) and will only be used for the purposes of this research project, (f) compensation (if I will receive money or not)/cost (g) that I can contact the person indicated above in case I have any questions or complaints related to this research project and (g) that I am aware that my participation is fully voluntary (no-one is forcing me) and I may discontinue (stop/end) my participation at any time.

**Additional Information**

* If you have any further questions or concerns, please contact the researcher.
* For any unresolved issues or complaints, please contact VPAA Office Manager or the Head of IRB Committee.
* You will receive a copy of this consent form for your records.

**Participant Declaration**

By signing below, I, [Participant’s Name], agree to take part in the research study titled “[Study Title].”

I confirm that:

* I have read this form or it was explained to me in a language I understand.
* I understand what the research is about and what will be asked of me.
* I had the chance to ask questions, and all my questions have been answered.
* I know that participating is voluntary, and I can choose not to join or leave the study at any time without any negative effects.
* I understand that I may be asked to leave the study early if it is in my best interest or if I do not follow the study plan.

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Witness (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Person Obtaining Assent (if not the Researcher)**

I, [Name], declare that:

* I have explained this form to [Participant’s Name] clearly and in detail.
* I *did/did not* use an interpreter.
* I encouraged the participant to ask questions and provided answers to their satisfaction.
* I am confident that the participant understands the research and their role in it.
* I gave the participant time to discuss their participation with others if they wished.

**Signature of Person Obtaining Assent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Researcher**

I, [Researcher’s Name], declare that:

* I have explained the content of this form to [Participant’s Name] or had it explained by [Name], who I trained for this purpose.
* I did/did not use an interpreter.
* I encouraged the participant to ask questions and was available to answer them.
* The assent was obtained by an independent person.
* I am satisfied that the participant understands all aspects of the research.
* I am confident that the participant had sufficient time to discuss the study with others if they wished.

**Signature of Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_