



Research Ethics Committee
Central Philippine University

**INFORMED ASSENT FORM
TEMPLATE
for Children/Minors
(VERSION No. 01-2021)**

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THEIR STUDY

Description of Age Group of Children Involved:

Study Title:

Name of Researcher/s:

Faculty Advisor:

Department/College:

Institution:

2. PURPOSE OF THE STUDY

Purpose of the Study:

Explain why they are being chosen to take part in the research?

How many children are expected to take part in the study?

Duration of the Study:

3. PROCEDURE OF THE STUDY

Procedure of the Study:

4. INFORMATION ABOUT STUDY RISKS AND BENEFITS

What are the foreseeable risks and discomforts by taking part in the study?

What will the researchers do to protect the participants against these risks?

How could the participants benefit if they take part in the study?

How could others benefit?

Do the participants have the right to refuse or withdraw from the study?

5. CONFIDENTIALITY AND SHARING RESEARCH INFORMATION

How will the researchers protect the participants' information?

What will happen to the information collected in the study?

Who will have access to the research records/information?

Will the information be used for future research or shared with others?

6. WHO TO CONTACT

Name of Researcher/s:

Email:

Phone:

Faculty Advisor:

Email:

Phone:

Study Coordinator (if applicable; delete if does not apply)

Email:

Phone:

7. CERTIFICATE OF ASSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had my questions answered and know that I can ask questions later if I have them. I assent voluntarily to be a participant in this study.

Print Name of Child _____

Signature of Child _____

Date _____

Day/month/year

Parent/Guardian has signed an informed consent ___ Yes ___ No

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands and that the following will be done:

- 1.
- 2.
- 3.
- 4.
- 5.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to

the best of my ability. I confirm that the individual has not been coerced into giving assent, and the assent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent_____

Signature of Researcher /person taking the assent_____

Date _____
Day/month/year