

**MAKERERE UNIVERSITY SCHOOL OF HEALTH SCIENCES RESEARCH AND ETHICS
COMMITTEE (MAKSHS-REC)**

ASSENT TEMPLATE FORM FOR RESEARCH PARTICIPANTS AGED 8 TO 17

(Give your study assent form a title)

Title of proposed study:

State the title of the proposed research study

Investigators:

Give the names, institutions and contacts of the investigators.

What will happen to the research participant in this study?

Description of the study:

Explain the reason for the research.

Describe what the child will be expected to do.

Describe the research procedures using simple terms.

If the study involves audio recording, include a statement seeking for permission to audio record during the study.

If the study involves photographing research participants, include a statement seeking for permission to take photographs during the study.

Who will participate in the study and where the study is going to be conducted from?

Briefly describe to the child the intended participants, the expected total number, how long each will be required to be active in the study and a brief description of where the study will be conducted from.

Can anything bad happen to the research participant?

Risks or Discomforts of Participating:

Explain any possible risks to the child, using simple terms.

If something might be painful, state this in the assent.

Explain that the child should inform his/her parents if they are sick or in pain as a result of being in the study.

Can anything good happen to me?

Benefits of Participating:

Only describe known benefits to the child.

You may include any possible future benefit

Will anyone know the research participant in the study?

Confidentiality:

Explain in simple terms that the child's participation in the study will be kept secret and information that will be collected will be kept anonymous and confidential in accordance with the international and local ethical standards governing research involving humans as research participants. The study team will be the only one with the authority to access the collected data. However, the School of Health Sciences Research

and Ethics Committee and the Uganda National Council for Science and Technology (UNSCT) may have access to private information that identifies the research participants by name where applicable

Compensation for Participation:

State that the child’s parents/legal guardians have been given information regarding compensating the participant’s time and transport reimbursement and on what to do if the child is injured during course of her participation in the study. *(Compensation is monetary and it depends on the time spent and level of insolvencies experienced. In case the child is injured during their course of participation in the study, indicate how the child will be treated until resolution or stabilization of the injury. State how a child who suffer permanent damage will be compensated. Research participants (child) who will be told to come to the study site will have to be reimbursed their transport-Transport reimbursement will depend on where the participants are coming from. However, the National research guideline stipulates a minimum of UGX: 10,000).*

Who can the research participant talk to regarding questions about the study?

Contact Information:

State that, if you have any questions or any problems related to the study, you can contact the Principal investigator (put the name of the Principal investigator and telephone number).

Who can the research participant talk to regarding questions about research participant’s rights?

Contact Information:

Keep the following sentence in exactly as written:

If you have questions related to your rights and welfare, you can contact the Chairperson of Makerere University School of Health Sciences Research and Ethics Committee – Dr.Kalidi Rajab on telephone number +256 776798978 / 256)-0200-903786) or Uganda National Council for Science and Technology on telephone number (0414705500)

What if the research participant does not want to participate in the study?

Voluntary Participation:

State that participation in the proposed study is voluntary and participants may join on their own free will. Participants also have a right to withdraw from the study at any time without penalty.

If you agree to be in this study, please sign here:

Name of the child.....

Age.....

Signature/thumbprint



Date (DD/MM/YY).....

Name of the person assenting the child:.....

Signature

Date (DD/MM/YY).....