Appendix E: Assent Form Template

[*Insert title of the study*.]

You are asked to participate in a research study conducted by [*insert name of Principal Investigator—Faculty Sponsor as appropriate*] from the [*insert department affiliation*] at the Nazarbayev University (NU). You were selected as a possible participant in this study because [*explain why the potential participant is eligible to participate*]. Your participation in this research study is voluntary.

Why is this study being done?

[*Using a language that is easily understandable by the participants in the study and avoiding jargon and technical terms state what the study is designed to assess or establish - in approximately 2 sentences*]

What will happen if I take part in this research study?

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

If you volunteer to participate in this study, the researcher will ask you to do the following:

[*List and describe the procedures/tests/activities and their frequency chronologically using simple language, short sentences and short paragraphs. Use bullets or number the paragraphs as appropriate. If there are questionnaires or interviews, describe types of questions. Specify location of the study activities, if appropriate. If the study will include experimental and non-experimental procedures, please specify which procedures are experimental.*]

How long will I be in the research study?

[*Short-term/simple study:*] Participation in the study will take a total of about XX hours [*over a period of XX days/weeks*].

[*Long-term/complex study:*] You will be asked to XXX every XXX for [*months, weeks/until a certain event*]. [*When appropriate, state that the study will involve long-term follow-up and specify time frames and requirements of follow-up*].

Are there any potential risks or discomforts that I can expect from this study?

[*List and describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed. If there are significant physical or psychological risks to participation that might cause the researcher to end the participant's participation in the study, please describe them. If there are no anticipated risks or discomforts, please state "There are no anticipated risks or discomforts."*]

Are there any potential benefits if I participate?

You may benefit from the study ... [*Describe benefits to participants expected from the research. If the participants will not directly benefit from participation, please state, "You will not directly benefit from your participation in the research."*]

The results of the research may ... [*Describe the potential benefits, if any, to science or society expected from the research.*]

Alternatives to participation

NOTE: If the research does not involve treatment (e.g., behavioral therapy), this section is NOT required.

If the research includes treatment, please describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether or not to participate in the study. If applicable, explain why these procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the study.

Will I receive any payment if I participate in this study?

You will receive … [*describe amount of payment and how and when payment will be received. If participant will not receive payment, say "You will receive no payment for your participation."*].

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that identify you will remain confidential. It will be disclosed only with your permission or as required by law.

Confidentiality will be maintained by means of ... [*describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.*]

Withdrawal of participation by the investigator

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If [*describe include examples of the circumstances in which you would withdraw subjects from participation in the research*], you may have to drop out, even if you would like to continue. The investigator will make the decision and let you know if it is not possible for you to continue. The decision may be made [*include if applicable: either to protect your health and safety or*] because [*explain*].

What are my rights if I take part in this study?

You may withdraw your assent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study. If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

In the event of a research related injury, please immediately contact one of the researchers listed below. If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact [*add the name of the PI and faculty sponsor as approriate*] at [*phone number(s) and email address if appropriate*].

If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please write an email to IREC at resethics@nu.edu.kz.

SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of Participant

_____ _____

Signature of Participant Date

SIGNATURE OF PERSON OBTAINING ASSENT

In my judgment the participant is voluntarily and knowingly agreeing to participate in this research study.

_____ _____

Name of Person Obtaining Assent Contact Number

_____ _____

Signature of Person Obtaining Assent Date

If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please please write an email to IREC at resethics@nu.edu.kz.