



## Building The Kid's Trial: Experiences of Children and their Parents or Caregivers

### **Assent Form for Children**

**Research study title:** Building The Kid's Trial: Experiences of Children and their Parents and Caregivers  
**Project lead:** Simone Lepage: s.lepage1@universityofgalway.ie  
**Principal investigator:** Professor Devane: Declan.devane@universityofgalway.ie  
**Co-supervisor:** Dr Flight: laura.flight@nice.org.uk

**To join this project, you will need to fill out this form, and your parent or caregiver will need to fill out the 'Consent' form for you. Both forms should be sent to [thekidstrial@universityofgalway.ie](mailto:thekidstrial@universityofgalway.ie)**

I understand I can stop being part of this study at any time, and no one will be upset.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand I am agreeing to be interviewed by Simone, the leader of the project.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that the interview will ask me questions about what being part of the CRAG has been like. I will be asked to say what I liked and didn't like about helping to plan and design The Kid's Trial.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that if I agree to do the interview, I can still ask to stop or take a break at any time.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that my parent or caregiver can be in the interview with me, or I can do the interview by myself if I want that, and if my parents agree. If I wish for them to come into the interview for any part of it, I can ask them to.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have read (or have had it read to me) the Children's Information Sheet for 'Building The Kid's Trial: The Experiences of Children and their Parents and Caregivers' and understand what it said.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have talked about doing the interview with my parent or caregiver, and we have had all our questions answered by the research team (if you had any).	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that if I have any questions I (or my parent or caregiver) can contact the researchers.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to join the study and be interviewed to share what I liked about being in the CRAG and what I think could have been better.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	
Parent/Caregiver Name:	
Date:	

A copy of this assent form will be retained by the research team and a copy will be returned to the participant.



**Building The Kid's Trial: Experiences of Children and their Parents or Caregivers  
Consent Form for Guardians**

**Research study title:** Building The Kid's Trial: Experiences of Children and their Parents or Caregivers  
**Department:** HRB-TMRN, School of Nursing & Midwifery  
**Institute:** University of Galway, Ireland  
**Project lead:** Simone Lepage: s.lepage1@universityofgalway.ie  
**Principal investigator:** Professor Devane: Declan.devane@universityofgalway.ie  
**Co-supervisor:** Dr Flight: laura.flight@nice.org.uk  
**Data Protection Officer:** dataprotection@universityofgalway.ie / Tel: (353) 091-524-411

**If you agree that your child(ren) can join this project, please fill out a consent form for each child who is joining. Children must also complete an assent form to participate.**

**All forms can be sent to [thekidstrial@universityofgalway.ie](mailto:thekidstrial@universityofgalway.ie)**

I understand that my child can withdraw from this study at any time without giving any reason for withdrawal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have read the Parents'/Caregivers' Information Leaflet. I have had the opportunity to think about the information, discuss it with my child, ask questions, and have those questions answered to my satisfaction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that by agreeing to this study, I am agreeing to my child taking part in an interview.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that the interview will ask my child questions about what being part of the CRAG has been like. They will be asked to say what they thought was successful and what parts they think need improvement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that if my child and I agree to their being interviewed, they can still ask to stop or take a break at any time.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that if my child and I agree to their being interviewed, I can be in the interview with them if we prefer. If my child does the interview on their own, I understand that I can still join their interview at any time if they or I wish.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand my child's and my own rights in relation to this study, as explained in the Parents'/Caregivers' Information Sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand the data collected during this study will be processed in accordance with data protection laws as explained in the Parents'/Caregivers' Information Sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand the data collected during this study will be securely held for seven years after study completion as per University requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that all information my child and I provide for this study will be treated confidentially, subject to legal limitations. For instance, if my child or I tell the researcher that one of us, or someone else, is in immediate danger or risk of harm, the researcher must report this to the relevant authorities. The researcher will discuss this with me first, but they may be required to report with or without my consent	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am a legal guardian of the child for whom I am giving consent.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree my child may take part in this study and be interviewed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Name:	
Parent/Caregiver Name:	
Date:	

**A copy of this assent form will be retained by the research team and a copy will be returned to the participant.**



**Building The Kid's Trial: Experiences of Children and their Parents or Caregivers**  
**Consent Form for Adult Participants**

**Research study title:** Building The Kid's Trial: Experiences of the CRAG & PRAG  
**Department:** HRB-TMRN, School of Nursing & Midwifery  
**Institute:** University of Galway, Ireland  
**Project lead:** Simone Lepage: s.lepage1@universityofgalway.ie  
**Principal investigator:** Professor Devane: Declan.devane@universityofgalway.ie  
**Co-supervisor:** Dr Flight: laura.flight@nice.org.uk  
**Data Protection Officer:** dataprotection@universityofgalway.ie / Tel: (353) 091-524-411

If you agree to join this project, please fill out this consent form for yourself.  
If your child(ren) is/are joining, be sure to fill out a CONSENT FOR GUARDIAN form for each child who is joining.

All forms can be sent to [thekidstrial@universityofgalway.ie](mailto:thekidstrial@universityofgalway.ie)

I understand that I can withdraw from this study at any time without giving any reason for withdrawal.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I have read the Parents'/Caregivers' Information Leaflet. I have had the opportunity to think about the information, ask questions, and have those questions answered to my satisfaction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that by agreeing to this study, I am agreeing to taking part in an interview.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that the interview will ask me questions about what being part of the PRAG has been like. I will be asked to say what I thought was successful and what parts I think need improvement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that if I agree to be interviewed, I can still ask to stop or take a break at any time.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand my own rights in relation to this study, as explained in the Parents'/Caregivers' Information Sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand the data collected during this study will be processed in accordance with data protection laws as explained in the Parents'/Caregivers' Information Sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand the data collected during this study will be securely held for seven years after study completion as per University requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that all information I provide for this study will be treated confidentially, subject to legal limitations. For instance, if my child or I tell the researcher that one of us, or someone else, is in immediate	<input type="checkbox"/> YES <input type="checkbox"/> NO

danger or risk of harm, the researcher must report this to the relevant authorities. The researcher will discuss this with me first, but they may be required to report with or without my consent	
I agree to take part in this study and be interviewed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
My full name:	
Date:	

**A copy of this assent form will be retained by the research team and a copy will be returned to the participant.**