



UNIVERSITY OF
BIRMINGHAM



The ELSA Study

CHILDREN'S ASSENT FORM: 3-13 years

IRAS ID: 309252

Centre Number: _____

Participant Identification Number for this trial: _____



To be completed by the child with their parent or carer:

Title of Project: The ELSA Study - Type 1 diabetes screening

Child (or if unable, parent on their behalf) /young person to circle all they agree with:

- | | | |
|--|-----|----|
| 1. Do you understand what this project is about? | Yes | No |
| 2. Have you asked all the questions you want? | Yes | No |
| 3. Have you had your questions answered? | Yes | No |
| 4. Are you happy to take part? | Yes | No |

If you do want to take part, you can write your name below (or if unable, parent on their behalf):

Child's name: _____

Date: _____

Parent/guardian's name: _____

Parent/guardian's signature: _____

Date: _____

Thank you for taking part in the ELSA study type 1 diabetes screening programme.

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.

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Children's assent form version 1.0 Dated:30.03.2022