Young Person's Consent Form	ID number:	
ASPECTS study: Acute Stress Programme for Childre	n and	Teenagers
Please circle the right answer for you		
1. Have you read (or had read to you) information about this study?		YES/NO
2. Has somebody explained this study to you?		YES/NO
3. Have you asked all the questions you want?		YES/NO
4. Have you had your questions answered in an understandable wa	ıy?	YES/NO
5. Do you understand it's ok to stop taking part at any time?		YES/NO
6. Do you agree to take part?		YES/NO
7. Do you agree to a researcher contacting you after the end of this study about possible future research?		YES/NO
If any answers to the above are 'no' or if you don't want to take part, don't sign your name!		
If you do want to take part, please sign below:		
Your name		
SignedDate	э	
The researcher who explained this project to you needs to sign too		
Print name		
SignedDate		
Thank you for your help!		
Optional - you can still take part in the research if you do not agree to the following:		
i. Do you agree to saliva samples being used for genetic and hormonallysis?	onal	YES/NO
ii. Do you agree to us storing your spit after the study so that we carry out testing on them in future (with ethics committee permission		YES/NO

(When the form is completed, 1 is for the participant; 1 for researcher site file; 1 (original) to be kept in medical notes.)

Date

Your name

Signature