**Guidelines for Parental Consent and Children Assent Form**

**Institutional Review Board**

**American University of Central Asia**

All applications submitted to the IRB must contain appropriate consent form(s) corresponding with the risks involved. All investigators and the supervising faculty, in the case of student research, are jointly responsible for obtaining the appropriate informed consent from participants of the research prior to study implementation. The language used in the form should be comprehensible and the age of the participants should be taken into consideration. Translation to an appropriate language is required.

As a guide, research projects with participants below the age of 18 years old require duly filled forms of both parental consent (permission) and participant’s assent. In the case of children’s assent, verbal in-person explanation of the content of the assent form must be made in the process of obtaining assent so as to ensure the child understands his/her rights. Exceptions to completed assent forms may be made for children too young (e.g., below the age of 6) to comprehend content in a textual document. However, investigators must make effort to inform the child about purpose of the research and the child’s rights at a level of language that the child would understand. The IRB would look closely at the assent process to ensure such steps are taken.

The next few pages contain templates researchers may use to obtain parental consent and participant’s assent. Investigators are free to modify the template to suit the research project’s context.

The templates serve to remind investigators the minimal information that parents and their children need to know prior to consent and assent. A copy of the information presented on the parental consent form and assent form should be made available to participants. The signed forms must be kept securely by the investigators. The IRB may call upon the Principal Investigator, or the Supervising Faculty, to produce the signed forms as proof of adherence to the ethical principle of respect for persons.

**Template for Parental Consent Form**

You may modify to suit your research context. Text in the Black font is examples, while text in blue gives further elaboration.

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| PARENTAL CONSENT FORM **Study Title:**  **Principal Investigator:**  **Supervising Faculty (if applicable):**  PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION.  Your child is being asked to take part in a research study conducted by researchers of the American University of Central Asia (AUCA). This form has important information about the reason for doing this study, what we will ask your child to do, and the way we would like to use information about your child if you choose to allow your child to be in the study.  **Why is your child doing this study?**  Your child is being asked to participate in a research study about ….  The purpose of the study is …  **What will my child be asked to do if my child is in this study?**  Your child will be asked to [list what participants will be asked to do]. [Explain if you will be asking any personal or sensitive questions.] [NOTE: if the parent is also a participant in the study, include a section describing what research tasks the parent will be asked to do OR create a separate consent form addressing the parent as a participant]  Participation should take about [insert expected amount of time].  **What are the possible risks or discomforts to my child?**  Explain any foreseeable risks to subjects here.  Examples:  To the best of our knowledge, the things your child would be doing in this study have no more risk of harm than the risks of everyday life.  OR  Your child’s participation in this study does not involve any physical or emotional risk to your child beyond that of everyday life.  OR  Your child’s participation in this study may involve the following risks… [describe any reasonably foreseeable risks to psyche, reputation, employability, insurability, social status, a criminal or civil liability that may occur as a result of participation]  Examples of risk explanations:  •Your child may get tired during the tasks. However, your child may rest/take a break at any time.  •Your child may feel emotional when answering some of the questions. Your child can tell the interviewer at any time if he/she wants to take a break or stop the interview.  As with all research, there is a chance that confidentiality of the information we collect about your child could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.  **What are the possible benefits for my child or others?**  Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about [insert purpose/topic of study]. The study results may be used to help other people in the future.  OR  Taking part in this research study may not benefit your child personally, but we may learn new things that will help others.  OR  The possible benefits to your child from this study include…  [Do NOT include information on payment/reimbursement in the description of benefits – that information belongs in a separate Financial Information section. Payment or reimbursement do not constitute benefits from research. Benefits from research refers to how the findings or insights generated from the research will benefits the participants.]  **How will you protect the information you collect about my child, and how will that information be shared?**  Results of this study may be used in publications and presentations. [Explain measures to protect data confidentiality/personal privacy here. If disclosure of faces or voices is necessary to understanding the research and so identifying information may be used in reports/presentations, explain this and provide “I agree” “I do not agree” options at the end of the consent form.]  [If you will be sharing data with other researchers and/or archiving data, explain here and state clearly whether identifiers will be included.]  **Financial Information**  Participation in this study will involve no cost to you or your child. Your child will not be paid for participating in this study.  OR  [If subjects will be paid, explain the amount and terms of payment/reimbursement. If payments will be prorated if a subject withdraws from the study, state the terms]  **What are my child’s rights as a research participant?**  Participation in this study is voluntary. Your child may withdraw from this study at any time -- you and your child will not be penalized in any way or lose any sort of benefits for deciding to stop participation. [Include this if research is being done in a school setting: If you and your child decide not to be in this study, this will not affect the relationship you and your child have with your child’s school in any way. Your child’s grades will not be affected if you choose not to let your child be in this study.]  If your child decides to withdraw from this study, the researchers will ask if the information already collected from your child can be used [or in the alternative, state that the information already collected will not be used.]  **Who can I contact if I have questions or concerns about this research study?**  If you or your child have any questions, you may contact the researchers Principal investigator’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_ (tel) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email) Should you have any concerns regarding the ethics of this study, you may also contact AUCA’s Institutional Review Board at [irb@auca.kg](mailto:irb@auca.kg).  *You may request for a copy of the same consent form you signed so that you may contact the principle* investigator *or the AUCA’s Institutional Review Board if you have any concern.*  **My Consent:**  **Date** of Reading and Signing of Consent Form: \_\_\_\_\_\_\_\_\_\_\_ dd/mm/yyyy  **If you understand the above and AGREE to participate and have your child to participate, please write your child’s name and sign below.**    **Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Signature of Parent of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Template for Assent Form for Children (7-12 years old)**

You may modify to suit your research context. Text in Black font are examples, while text in blue gives further elaboration.

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| **ASSENT TO PARTICIPATE IN RESEARCH**  [*Insert title of the study*]  1. My name is [identify yourself to the child by name].  2. We are asking you to take part in a research study because we are trying to learn more about [outline what the study is about in language that is both appropriate to the child’s maturity and age]  3. If you agree to be in this study [describe what will take place from the child’s point of view in language that is both appropriate to the child’s maturity and age]  4. [Describe any risks to the child that may result from participation in the research]  5. [Describe any benefits to the child from participation in the research]  6. 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.  7. If you do not want to be in this study, you don’t have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate. You can even change your mind later and choose to stop if you want to. Just let me know.  8. You can ask any questions that you have about the study now. If you have a question later that you didn’t think of now, you can call me [insert your telephone number] or ask me next time. [if applicable: You may call me at any time to ask questions about your disease or treatment.]  9. Signing or writing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date  **SIGNATURE OF PERSON OBTAINING ASSENT**  I have explained the details of the study and content in the assent form to the above participant. In my judgment the participant voluntarily agree to participate in this research study.   |  |  |  | | --- | --- | --- | |  |  |  | | Name of Person Obtaining Assent |  | Contact Number |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Person Obtaining Assent |  | Date | |

**Template for Assent Form for Children (Adolescent, 13-18 years old)**

You may modify to suit your research context. Text in Black font are examples, while text in blue gives further elaboration.

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| **ADOLESCENT (Ages 13-17) ASSENT TO PARTICIPATE IN RESEARCH**  [*Insert title of the study.*]  Assent is defined as voluntary agreement to participate. Here you are asked to participate in a research study conducted by [insert names and title of Principal Investigator, enter details of Supervising Faculty if appropriate] from the American University of Central Asia (AUCA). 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. Be as specific as possible.]  **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, you can state "There are no anticipated risks or discomforts beyond that which you will likely experience in your daily life."]    **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.]  **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.]  **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 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?**  Should you have any questions or would like assistance or speak to someone about this study you may contact me at: Principal investigator’s Contact: \_\_\_\_\_\_\_\_\_\_\_\_ (tel) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email) Should you have any concerns regarding the ethics of this study, you may also contact AUCA’s Institutional Review Board at [irb@auca.kg](mailto:irb@auca.kg).  You may request for a copy of the same consent form you signed so that you may contact the principle investigator or the AUCA’s Institutional Review Board if you have any concern.  **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.   |  |  |  | | --- | --- | --- | |  |  |  | | Name of Participant |  |  |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Participant |  | Date |   **SIGNATURE OF PERSON OBTAINING ASSENT**  I have explained the details of the study and content in the assent form to the above participant. In my judgment the participant voluntarily agree to participate in this research study.   |  |  |  | | --- | --- | --- | |  |  |  | | Name of Person Obtaining Assent |  | Contact Number |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Person Obtaining Assent |  | Date | |