



CUBIC Consent Form for Participants Under 18

Study-specific information

Please tick appropriate box:

Yes, I would like to take part in this study

No, I do not want to take part in this study

If Yes, please complete the following:

Delete as appropriate

1. I have read the Information Sheet about having a brain scan, or someone has read it to me. YES/NO

2. I understand that I do not have to take part in this study if I do not want to. YES/NO

3. I understand that I can leave a session at any time without giving a reason and without any adverse consequences. YES/NO

4. I have completed two screening forms accurately. YES/NO

5. I have had the opportunity to ask any questions I wish to ask about the study. YES/NO

6. I have access to the names and telephone numbers of the research team in case I have any questions in the future. YES/NO

7. I understand that this scan is not medical treatment. A specialist and my GP can be contacted in the unlikely event that the scan reveals something that should be followed up by a doctor. YES/NO

8. I am happy for the research team to store my data. They will not give out my name, but my data can be stored on a national database and shared with other researchers. YES/NO

Signature
(Children can write their name or draw a smiley)

Date.....

WITNESS:

Statement by a witness, who must be either an authorised person or a scientific collaborator who is familiar with the experimental procedure and is able to answer questions about it.

I certify that the above participant signed this form in my presence. I am satisfied that the participant fully understands the statement made and I certify that he/she had adequate opportunity to ask questions about the procedure before signing.

Signature.....

Date.....

Name

Address of witness (if not an Authorised Person):