



<i>Dental Practice to complete</i>					
Site ID:					
Participant ID:					

The CALM project

Assent form for children and young people

If you wish to take part in the CALM project, please place your initials in each of the boxes, sign and date this form.

1. I have read and understand the information sheet version 1.1 dated 08/02/2022 for the CALM project and have had the opportunity to ask questions and have had these answered well. Initials

2. I understand that it is completely up to me whether I want to be in the project. I can also change my mind and not be in the project anymore, without having to explain why, and without my dental treatment being affected. Initials

3. I agree to Universities listed on page 4 of the information sheet holding copies of this form, my questionnaires and other information. Initials

4. I understand that documents and information, may be looked at by other organisations, where needed for this research. I give permission for this. Initials

5. I understand that the information collected about me will be used to support other research in the future and may be shared with other researchers but they will not be given my name. Initials

6. **I agree to take part in the CALM project.** Initials

Optional statement:

7. I agree to talk to a researcher about what I thought about my treatment.

Initials

Print forename

Print surname

Your full name (*please print*)

/ / 2 0

Date

Signature

Your signature

Print name

/ / 2 0

Date

Signature

Signature of person taking
assent

Original to be kept at the dental practice, one copy to be returned to YTU, University of York;
one copy given to participant.