

Child Information Sheet | Please read the information provided

Our job is to look at why some people have problems with learning and mood. This may help other people who have these problems in the future.

## Why have I been asked?



We know that you have some problems with learning. Things you can tell us may help us understand this better. We are asking lots of people like you to help.

We are also asking your parents if they want to take part in our research project too.

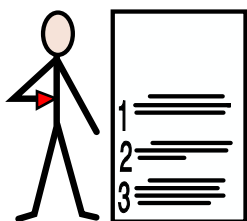
## What would we like to do?



Look at information about you in your medical records. This means some of the things that are written about you by your doctor and school.

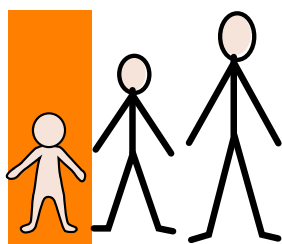
Ask you to do some games and puzzles and answer some questions

## Who else will take part?



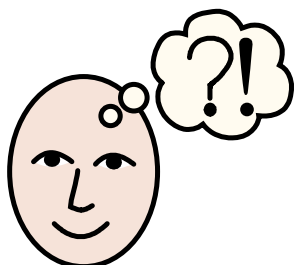
We would also like to ask your carers or parents some questions about some of the problems that affect your life.

We will ask questions like.....



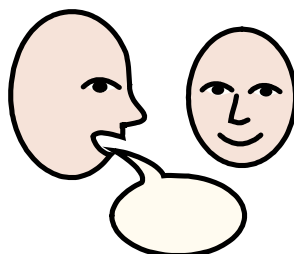
- What problems do you have?
- How do your health problems affect your daily life now?
- How have you changed since you were young?

## Why are we doing this project?



We want to learn more about these health problems so that we can help people more in the future.

## Do I have to take part?



It is up to you. You do not have to take part if you don't want to.

We will give you time to think about it, and you can talk about it with other people if you want to.

If you want to take part, it's OK if you change your mind. You can stop taking part any time you want to.

If you don't want to take part, it won't change how the doctors treat you.

### **What happens when the study is finished?**



The research will last a long time. We keep all the information you give us. We will use a secret code so no one knows it came from you.

We may contact you again to find out more information about you and tell you about our other studies.

The study team will be happy to answer any questions you or your carer may have. Our contact details are:

Study Coordinators: Marie Erwood & Francesca Cooper

Tel: 01223 254631

Mobile: 07711 500477

Email: [imagineID@cimr.cam.ac.uk](mailto:imagineID@cimr.cam.ac.uk),

Web address: [www.imagine-ID.org](http://www.imagine-ID.org)

Facebook: [facebook.com/imagineID.study](https://facebook.com/imagineID.study)

Twitter: [@imagineIDstudy](https://twitter.com/imagineIDstudy) and [@imagineIDnews](https://twitter.com/imagineIDnews)



## Assent Form for young people under 16 years



Please ask the young person to circle all they agree with:

Have you been told that we want to do some tests with you?



Has somebody explained the tests to you?



Do you know **why we want** to do these tests with you?



Have you asked **all** the questions you want to ask?



Did you understand the answers to your questions?



Did you know, you can give up doing the tests any time you like?



Are you happy to try?



Name of Child (PRINT).....

Date of Birth.....

Signature..... Date.....

Name of Mother\* (PRINT).....

Signature..... Date.....

Name of Father\* (PRINT).....

Signature..... Date.....

Name of Guardian(s) (PRINT).....

Signature..... Date.....

Name of person obtaining consent

(PRINT).....

Signature..... Date.....

\*Only one of the parents has to sign the form to validate it, but if parents wish to they can both sign.