**National Registry of Rare Kidney Diseases (RaDaR)**

**Young Person (13-18 years of age) Assent Form**

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| --- |
| Radar No:  First name, Last name:  Address: |
| NHS No/CHI No: |
|  |

Please read this form with your parent/guardian and sign below if you agree with the following statements. If you don’t agree with the statements or you don’t want to take part, please don’t sign this form.

|  |  |
| --- | --- |
| * I have read (or had read to you) information about RaDaR |  |
| * Somebody has explained RaDaR to me |  |
| * I understand what RaDaR is about |  |
| * I have asked all the questions I want to |  |
| * I have had my questions answered in a way I understand |  |
| * I understand that it’s OK to stop taking part at any time |  |
| * I agree to taking part |  |

Your name………………………….……………............................... Date……………….….………

Your signature……….……………………………………………………….

Thank you foryour help.

*For office use only*

Researcher’s name ………………………….……………................. Date……………….….………

Researcher’s signature ………………………………………………..…

Consent obtained in person/by post /electronically (delete as applicable)