



DEPARTMENT OF AUDIOLOGICAL MEDICINE

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ASSENT FORM (to be completed by children and their parents)
Study: FM systems on children with Auditory Processing Disorder
(Student Study)

Name of researchers:

Dr. Doris-Eva Bamiou: Clinical Senior Lecturer & Consultant in Audiovestibular Medicine

Mr. Georgios Stavrinos: PhD Student at UCL Ear Institute

Dr. Lindsey Edwards: Consultant Psychologist

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Please circle all the answers that you are happy with

Have you read (or had read to you) the information about this project?	Yes / No
Do you understand what this project is about?	Yes / No
Do you understand it's OK to stop taking part at any time?	Yes / No
Are you happy to take part?	Yes / No

If you **do** want to take part you can write your name below.

Your name:

Date:

Your parent or carer must write their name here if they are happy for you to take part.

Name of parent/carers:

Signature:

Date:

The researcher who explained this project to you needs to sign too.

Name of the person taking consent (researcher):

Signature:

Date: