Information sheet under 8 years.

Title of the project

Name of PI:

**Hello!**

You are being asked to be part of our study because (***insert reason here***). We want to help children with (***insert disease here***) get better faster, so are doing this study. Please read on to find out more.

**What will happen if I say yes?**

If you and your parents say yes to taking part we first ask you to:

Sign a form to say you

are happy to take part.



***Step 2 – insert the next step and try to add a picture if relevant. Repeat as required.***

 ***Step 3***

 ***Step n***

**What if I don’t want to do it?**

No, you don’t have to be in it, and no one will mind if you and your parents decide not to. Even if you decide to take part, you and your parents can change your mind later. You will still come and see your doctor like normal.

**If you have any questions please ask your parents, or the nurse, or doctor at the hospital.**

**Thank you.**