







Participant ID/Barcode_____



Year 9 Assent form

Titl	e of Project: GoActive Eva	luation Study		
Na	me of Chief Investigator: D	r K Corder		
	nics reference number: Psy iversity of Cambridge PRE.	<u> </u>	Ethics Committee of	the
				Please initial each box
1	I confirm that I have read and understood the information sheet entitled "GoActive Evaluation Study: Information Sheet for Students" (Version: 2, Date 12.02.2016) and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.			
2	I understand that my participation is voluntary and I am free to withdraw my participation at any time, without giving any reason and without my legal rights being affected in any way.			
	and without my logar ngr	no being ancoled in	uny way.	
3	after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects I understand that taking part in the focus groups is optional and that if I volunteer I may not be selected to take part. If I am selected I agree to the sessions being tape recorded.			
4				
5				
Name (Please print)		Date	Signature	
Name of researcher		Date	 Signature	