

Young Person Consent Form

BRIGHT: Brushing RemInder 4 Good oral HealTh



School ID

Participant ID

For office use only

Name of Lead Researcher: Professor Nicola Innes **Sponsors:** University of Dundee & Tayside Health Board
Clinical Trials Unit: York Trials Unit (YTU)

If you agree to the following sentences, please initial the boxes:

1. I have read the information provided for young people [V3.0 20180724] about BRIGHT. I have had the chance to think about the information, ask questions and my questions have been answered. ☐
2. I understand that it is my choice to take part and I can change my mind at any time without giving a reason. I understand it will not change anything at school, my usual dental care or my legal rights. ☐
3. I understand that personal information that identifies me collected during the study will be stored in York Trials Unit, University of York (my mobile telephone number, name for text messages, and any text messages I send back will also be stored at the University of Dundee). It may be looked at by some members of the research team, the Sponsors or other responsible people to check the research is being done well. I agree for them to see my information. ☐
4. I understand that my school will share information about me and that my parents/carers may share information about me with the research team. ☐
5. I understand that the information collected about me by the research team will be used to support other research in the future and may be shared with other researchers working with the sponsors, but they will not be given my name. ☐
6. I agree for personal information (such as my name and home postcode) to be used to find out other information about my dental health, that is collected by the NHS, for up to 5 years at the end of BRIGHT (such as NHS Digital and NHS National Administrative Health Data). ☐
7. **I would like to take part in BRIGHT.** ☐

Please fill in the below boxes using capital letters:

First name: Last Name:

Date of Birth:
Day Month Year

Do you have your own mobile telephone? Please cross one box. Yes ☐ No ☐

Please sign or write your name again in the box below to say you would like to take part:

Signature:

Today's date:
Day Month Year

We have given you two copies of this form, one should be given to your teacher or a BRIGHT researcher and you should keep the other one as a reminder about BRIGHT.