Evaluating Brief Behavioural Activation for depression in adolescents with acquired brain injury: A single-case design protocol

**SCREENING ASSENT FORM FOR YOUNG PEOPLE (aged 12-15)**

To be completed alongside the Screening Consent Form for Parents  
  
**Chief Investigator:** Conor O’Brien, Trainee Clinical Psychologist, University of Exeter, UK  
**Research Supervisor:** Professor Anna Adlam, University of Exeter, UK

1. I have read the information sheet made on ….. (version 2) and know what will happen in the study.
2. I have had the chance to ask questions about this screening session and the questions I have asked have been answered properly.
3. I understand that I am choosing to do the study for myself and I can stop the study whenever I want to without worrying about being treated unfairly.
4. I understand that the information I give to the researcher will be kept safe and will not be shared with anyone other than researchers in the study team.
5. I understand that information that can be linked to me will be deleted within a week if the study is not right for me.
6. I am happy for the research team to keep my contact details so I can be told about the results of the study.
7. I understand that the study might not be right for me and that I might not need to have the treatment.
8. I am happy to do the screening session to see if the study is right for me.

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| --- | --- |
| **I agree to points 1-8 above.\*** |  |
| **I agree that my contact information can be kept safe and be used by researchers from the University of Exeter to contact me about future research projects.** |  |
| **Participant first name\*** |  |
| **Participant surname\*** |  |
| **Name of parent/guardian\*** |  |
| **Date form completed** |  |