

Brecon Group ASSENT FORM

Patients 11-15 years old

I, _____

(patient's name in capital letters) have read the information leaflet (*Version 1 2017*) and I understand that my treatment for diabetes will not be affected if I do not sign this form.

I agree to allow information about me and my diabetes to be put on the Register

Yes ☐ No ☐

If you sign this form, you agree to allow us to put some information about you on our computer, possibly for future research studies

Patient's signature _____ Date _____

Person obtaining consent

Signature _____ PRINT NAME _____

Job title _____ Date _____