

## PARTICIPANT INFORMATION SHEET AND ASSENT FORM FOR YOUNG CHILDREN 7-8 YEARS OLD

**Study title:** **BRIGHT (Binocular Vision, Reading and Writing Skills in Anisometropic Children with a History of Amblyopia Treatment).**

**Locality:** School of Optometry and Vision Science, University of Auckland, New Zealand      **Ethics committee ref.:** 2025 FULL 22231

**Lead investigator:** Dr Tina Gao      **Contact phone number:** +64 9 3737599 Ext. 82955

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### Why am I being asked to be in the study?

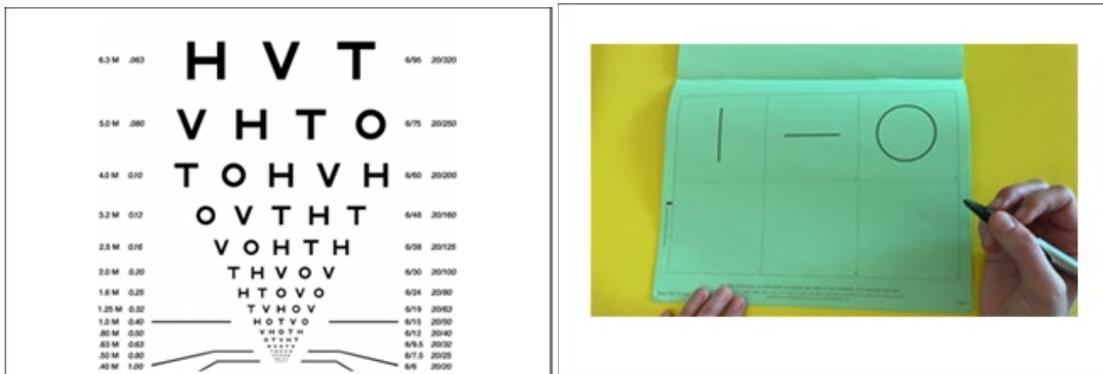
Amblyopia (Weak eye) means one eye does not see well because the brain prefers to use the other eye more. Kids with amblyopia can find it difficult to make their two eyes work together, which may make it harder to read or write.

In this study, we want to know if reading and writing are still hard for people after amblyopia is treated.

Your parents and the researcher will tell you more about being in this study. You can ask questions if you want, and you do not have to join unless you want to.

### What will happen if I agree to take part in this study?

- You will come to our eye clinic to do some short tests for your eyes. Your parents or family will come with you, and they can stay with you throughout the tests.





- We may need to put eye drops in your eyes to test them properly. The eye drops might sting when they go in, but the feeling will go away quickly.
- Bright lights might bother you for the rest of the day after the eye drops, but don't worry, we'll give you sunglasses to help.
- You shouldn't ride scooters or bikes or play sports for one day after the eye drops are applied.

### **Do I have to be in the study?**

You can decide if you want to join the study. If you start and then change your mind, that is okay too. Even if your parents say YES, you can still say NO. Just tell your parents or the researcher if you don't want to be in the study anymore.

### **What if there is a problem?**

If you have any worries or questions about the study, just ask the researchers using the following contact. They will try their best to answer your questions.

Primary contact: Ketemaw Demilew

Lead investigator: Dr Tina Gao

Telephone number: +6493737599 Ext.822955

Email: [t.gao@auckland.ac.nz](mailto:t.gao@auckland.ac.nz)

Primary contact: Mr. Ketemaw Demilew

Telephone number: 0273594878

Email: [Ketemaw.demilew@auckland.ac.nz](mailto:Ketemaw.demilew@auckland.ac.nz)

If parents want to talk to someone who isn't part of the study, they can contact an independent health and disability advocate on:

Phone: 0800 555 050

Fax: 0800 2 SUPPORT (0800 2787 7678)

Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz)

They can also contact the health and disability ethics committee (HDEC) that approved this study on:

Email: [hdec@health.govt.nz](mailto:hdec@health.govt.nz)

Phone: 0800 400 569 (Ministry of Health general enquiries)

**APPROVED BY THE NORTHERN A HEALTH AND DISABILITY ETHICS COMMITTEE  
ON 03 SEPTEMBER 2025. REFERENCE NUMBER 2025 FULL 22231.**

## ASSENT FORM FOR Children

Study title **Vision and Academic Functions after Amblyopia Treatment**

(lay):

Locality: School of Optometry and Ethics committee  
Vision Science, University ref.:  
of Auckland, New Zealand

Lead Dr Tina Gao Contact phone +6493737599  
investigator: number: Ext.82955

Child Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Full Name in BLOCK CAPITALS) (Day/Month/Year)

**Please circle all you agree with:**

Have you read this form (or had it read to you)? Yes/No

Has the study researcher explained this study to you? Yes/No

Do you understand what this study is about? Yes/No

Have you asked all the questions you have? Yes/No

Are you happy to take part in this research study? Yes/No

If you **do** want to join this study, please circle the smiley face below.

If **any** answers are “no” or if you **don’t** want to join the study, **don’t** circle the smiley face.



Child's Full Name: \_\_\_\_\_

Statement of Person Obtaining Informed Assent

I, the undersigned, have fully explained the details of this research study to the participant named above.

\_\_\_\_\_  
Name of Person Conducting Assent Discussion Signature Date