tearfund

IMAGE/STORY CONSENT FORM

(This form should be photographed and uploaded with the related resources)

For gaining written consent for the use of material from an individual who is either under 18, classified as vulnerable, or is disclosing sensitive personal data.

PLEASE TICK OPTIONS AS APPROPRIATE, AND COMPLETE WRITTEN SECTIONS IN BLOCK CAPITALS.

PART A - SCOPE OF CONSENT

1) I Full name: _____ agree to Tearfund:

☐ Taking my photograph ☐ Making a video/other recording

☐ Speaking to me and recording my words at _____ (Choice of venue)

If at an event, event title: _____

2) I agree to Tearfund using:

☐ Images of me ☐ My story ☐ My full name*

☐ Specific sensitive personal data (eg a medical condition)

Specify sensitive data allowed for use:

*(Tearfund reserves the right to use a pseudonym if deemed to be necessary for your safety/security or to protect Tearfund's reputation.)

☐ Images of my children (named below) ☐ Stories of my children (named below)

Child's name:	Age	Pseudonym needed?	Pseudonym
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	

3) I understand that images and/or information about me and those named above will be used for the following purposes:

☐ Educational ☐ Promotional

☐ Other (specify) Specify:

Continued overleaf

4) I agree to Tearfund sharing material relating to me and those named above with its partners and supporters for the same purposes as stated above.

Signature or thumb print of subject:	Date:	Age:
	Name:	
	Location:	

PART B - CONSENT BY GUARDIAN/CARER (ON BEHALF OF THOSE UNDER 18 OR UNABLE TO CONSENT ON THEIR OWN)

- ☐ I confirm that I agree to Tearfund carrying out the above
- ☐ I confirm that the above named individual/s has/have also given their consent
- ☐ I have authority to sign this form on behalf of the above named individual/s (if unsigned above)

Signature or thumb print of guardian/carer:	Date:
	Name:
	Relationship to above individual:

PART C - CONFIRMATION FROM THE INTERVIEWER/PHOTOGRAPHER/TRANSLATOR/TEARFUND PARTNER

- ☐ I have communicated the contents of this form in language understood by the person/s named in Part A and/or carer
- ☐ I believe that the contents of the forms have been fully understood by the person/s named in Part A and/or carer
- ☐ The person/s named in Part A and/or carer are literate and were able to sign or use their thumb print on this form
- ☐ I am signing the form on behalf of the person/s named in Part A and/or carer

Signature of interviewer/photographer/ translator/Tearfund partner:	Name:	Date:
	Organisation:	
	Role within or relationship to the organisation:	

Any concerns regarding protection of children or vulnerable persons should be reported to the officer in charge: **safeguarding@tearfund.org**

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