# Case Study Data Collection: consent form FOR adultS (18+)

THET believes in upholding the rights of its contributors to participate and to be heard, to experience respect and dignity, to make free and informed decisions, and to be protected from risk and harm.

THET uses photographs, video clips, and stories to communicate messages and document the work of projects. These images and stories become a valuable resource not only for us, but for Health Partnerships, our supporters, and potential donors. These images and stories appear on our website, social media sites, publications, and at events. Our **Code of Conduct of Ethical Storytelling** sets out how photographs and videos of people involved in our activities should be taken, and how their images and the stories they tell should be shared.

We believe that every person – child, young person, and adult – must be consulted about the use of their image and their stories, and that they must give consent to these being used and shared. THET recognises the need to ensure the welfare and safety of all people whose images and stories we use.

# **If you have any questions, concerns, or become aware that images of you and the stories you have shared are being used inappropriately, please contact safeguarding@thet.org.**

## Information sheet for adults (18+)

**Insert title of project/event (if there is one)**

*Proposed text: You are being invited to take part in a* ***[image collection, video, workshop etc.]*** *Before you decide to take part, it is important that you understand why this initiative is taking place and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.*

**Why are we doing this initiative?**

*Explain the purpose of the images/video/storytelling e.g. to keep access to health care for women at the forefront of any foreign aid programmes.*

**Why have you been invited to take part?**

*Reason for choosing a particular person or group in a particular setting.*

**How will your image be used?**

*Please explain with whom the image and the story will be shared and for what purpose. For example, who is likely to see the image and listen/read about and what measures will be taken to anonymise the image and the story. For example, explain that if people wish only first names will be used and the location will be kept confidential.*

**What will happen if you decide to have your picture taken?**

*Outline any preparation and any follow up, explain who else will be participating (for example, if others will also be photographed/filmed/telling their stories) the date and location when the images/video/story telling will take place and the estimated duration of the participant’s involvement.*

**How will your privacy and confidentiality be protected?**

*Proposed text: This project is taking every possible step to ensure confidentiality, i.e. to prevent any personal information from being known to people outside the data collector team. We know that breaches of confidentiality could lead to problems for participants, so we have put in place measures to avoid this from happening.* *If you agree to have your picture/video taken, or if you agree to have your story told, your name will only appear in reports if you give us your explicit permission to do so. Any information you provide will remain confidential, unless there is reason to believe that a child, a young person, or another person is at risk of harm. If this happens, we have a responsibility to share that information with* ***[THET + partners etc.]*** *so that this person can be helped.*

**What are the benefits?**

*Proposed text: You will not get paid for taking part in this initiative and you won’t receive any immediate benefit (for example, by receiving preferential treatment by the Hospital). But the image/video/story will help THET with [****fundraising, raising awareness etc****.].*

*Please see THET’s Code of Conduct on Ethical Storytelling for guidance on benefits. Please explain what the image/story aims to achieve. E.g. helping ensure that the UK Government will continue to support and fund women’s health. Outline the benefits of why these images/videos/stories will help THET. For example, by helping raise funds. But don’t raise false expectations and it should be made clear that participants will not get paid for taking part and they won’t receive any immediate benefit [****for example, by their child or family members of the child receiving preferential treatment by the Hospital or Health Centre****].*

**What are the risks?**

*Please describe relevant risks for the participants and add the following text:*

*There is always a very small risk that a breach of confidentiality could take place and while this is a very small risk, it is our duty to warn you of this even as we give you our assurance that we do everything to keep your data and identity safe.*

**Can you change your mind and withdraw from the initiative?**

*Proposed text: Having your picture taken and telling your story is entirely voluntary. It is up to you if you would like to have it taken or not. You can always ask for the person you are telling your story to/the photographer to pause or stop at any time. This won’t have any negative consequences. Or if you later realise that you don’t want us to use the pictures/video taken of you or to tell your story, that is fine too. Just get in touch through the details below and we will delete all images of you that have been taken, and delete your story. This does not have any bad consequences and nobody will be upset with you if you chose to do this. However, if you get in touch after [****insert date****] we might not be able to retrieve the image/information/story from the internet. We can ensure THET will no longer use it, but once it has been shared it might be difficult to retrieve.*

**How can you find out more about the initiative?**

*Please include contact details for the THET + partner office that participants can follow up with for complaints or questions or to withdraw their consent.*

**Support services you can contact**

*Proposed text: If you are worried about something, or feel uneasy about someone, it is important that you know there are people you can go to. Please talk to* ***[details of safeguarding focal point of the data collection team]*** *about your concerns. You can approach her/him during or after the initiative. She/he will ensure that your concerns are addressed properly.*

*If you don’t want to talk to the photographer or the story collector, or we are the cause of you feeling uneasy, then you could speak to* ***[contact details for THET’s safeguarding focal point AND other local services, such as helplines]****. Your protection is very important to us!*

**Do you have any questions you would like to ask?**

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**[INSERT TITLE OF PROJECT/EVENT]**

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I confirm that [I have read the information sheet concerning this initiative/the information sheet concerning this initiative has been read to me]
2. I understand what is required of me if I have my picture/video taken and if I tell my story.
3. I understand why you are filming/taking pictures/recording my story.
4. I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.
5. I understand that participation is voluntary and that I may withdraw at any time without giving a reason.
6. I understand that if I withdraw my consent after [INSERT DATE] that THET will no longer use my image/video/story but that it has already been distributed to others and it might not be possible to retrieve the image or the story.
7. I consent that my image/video/story might be used in future reports, articles, or presentations by THET.
8. I understand that my name will not appear in any reports, articles, or presentations if I don’t want to.
9. I understand who I can speak to should if I have any questions about the use of my picture/video/story.
10. I consent to take part in this initiative.

Yes ☐ No ☐

# Written CONSENT

**Adult’s name OR initials (delete if not collecting names or initials):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature/Thumbprint of participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Verbal CONSENT

**Adult’s name OR initials (delete if not collecting names or initials):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verbal assent has been given by participant**  Yes [ ]  No [ ]

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PLEASE USE **EITHER** THE WRITTEN CONSENT BOX **OR** THE VERBAL CONSENT BOX AS APPROPRIATE. DELETE THE BOX THAT IS NOT NEEDED.