





Surviving Through Story Consent



Use this form to tell us what you are happy to share.



Piece means what you have sent us: a written story, a picture, a film or something else.

	 Can we share your piece? Draw a circle around your answer. 		
	On our website	□ yes	□ no
	On social media e.g. Facebook	□ yes	□ no
Rooks)	In books and articles for people to read	□ yes	□ no
	In talks, performances, and exhibitions	□ yes	□ no
· ·	On TV or radio	□ yes	□ no
	In newspapers and magazines	□ yes	□ no
Provided Forming Provided American State (1972) Provided Ameri	In funding applications	□ yes	□ no
	2. If you sent a photo, is it OK to use it with your piece?	□ yes	□ no

This project has been reviewed by, and received a favourable opinion from The Open University Human Research Ethics Committee, reference HREC/3606/Tilley







	3. Would you be happy for us to contact you to talk more about the project?	□ yes	□ no
(A)	4. How shall we write about you? (tick ONE o	of these)	
Name	My first name only □ OR Anonymous: "a woman/man/ child/person"	· 🗆	
	Please show us that you understand		
口 888	Other people will look at your piece.	□ yes	□ no
	You can ask to have your piece removed at any time (see contact details on p.4)	□ yes	□ no
	You can ask for your name or photo to be removed at any time (see contact details on p.4)	□ yes	□ no
	We may need to change things in your piece. E.g. remove names that would identify you or other people.	□ yes	□ no
	We will keep this form private. But if we think there is a need to keep you (or someone else) safe we will tell someone who can help you.	□ yes	□ no
	We will use your contact details if we need to get in touch with you about your piece.	□ yes	□ no
	We will delete your contact details after 7 years.	□ yes	□ no







Your Contact Details

Name ?	Name:
?	Address:
	Phone number: (If you would like)
email	Email address: (If you would like)
2	Signature: Date:
1,-2	Signature of parent, carer or guardian for children under 16 (essential)
To grand Co	If you needed support to complete this form, please tell us
	Name of my support person:
	Relationship:
	Signature:
	Date:
	This is how they supported me:









If this form was completed on your behalf (best interests decision) please tell us...

Name of my support person:

Relationship:

Signature:

Date:



Is there anything else you would like to tell us?

Our Contact Details



You can contact us at stories@generate-uk.org



Or by post to: Surviving Through Story, c/o Generate, 73 Summerstown, London SW17 0BQ



www.survivingthroughstory.com