

EXAMPLE OF Consent Form

TITLE OF YOUR PROJECT

LOCATION AND DATE

DESCRIPTION OF PROJECT AND WORKSHOP

**Please read these statements below.
If you understand and agree with them, please tick next to each statement.**



I UNDERSTAND THAT I AM VOLUNTEERING TO TAKE PART IN THIS WORKSHOP.
I UNDERSTAND THAT I CAN LEAVE AT ANY TIME WITHOUT GIVING A REASON.

I AM WILLING TO TAKE PART IN THIS WORKSHOP AND TALK ABOUT WHAT I MAKE,
AS PART OF THE GROUP OR WITH THE FACILITATOR

I UNDERSTAND THAT WHAT IS MADE AT THE WORKSHOP, ARTWORK, AUDIO RECORDINGS OR
PHOTOGRAPHS CAN BE USED AS PART OF THE PROJECT.

I GIVE PERMISSION FOR CONVERSATIONS TO BE AUDIO RECORDED AND USED AS PART OF THE
..... PROJECT.

I UNDERSTAND THAT THIS MATERIAL, ARTWORKS, AUDIO RECORDINGS OR
PHOTOGRAPHS WILL BE USED ANONYMOUSLY.

I WILL NOT KNOWINGLY PUT MYSELF OR OTHERS AT RISK DURING THE WORKSHOP.

Initials of participant Date

Signature of participant

Name of person taking consent Date

Signature Contact details.....

If you are concerned or have questions about your rights please contact:
(name and contact of person taking consent)

