

CONSENT FORM

to participate in an interview, photograph, video
or story for a GBV programme

Full Name: _____ Age: _____

☐ Female

☐ Male

☐ Non-binary

☐ Prefer not to say

Before [Organization name] _____ conducts an interview / takes a photograph / records a video of you and/or your child(ren) or place, please read the following guidelines:

→ Participation in this interview/photo/video/story is completely voluntary and you do not have to participate in any activity you do not want to participate in.
.....

→ You can end the session at any time. You can also take breaks or ask for time to consider what you want to say.
.....

→ Note that it may not be possible to retract something that is already in circulation – but it is your right to ask. For this reason, you may want to keep the contact information of those conducting the activity. You may ask if it is possible to review the product before dissemination.
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→ You are welcome to access psychosocial support at any time during and/or after the interview.
.....

→ There are no direct benefits associated with participating in this activity. Your participation will not impact any services you receive now or in the future.
.....

→ You will need to consider any risks to your personal safety and well-being that could be associated with the information you provide in this interview and how you are identified with it.
.....



Women at
the Center



Please circle YES or NO to the following statements. If a statement is not relevant, please circle N/A.

I have read or listened and understood the guidelines listed above	YES / NO
I consent for my spoken or written testimonial to be used and retained by the organization	YES / NO / N/A
I consent for my image to be used and retained by the organization	YES / NO / N/A
I consent for my appearance in a video to be used and retained by the organization	YES / NO / N/A
I consent to be referred to as a "survivor of gender-based violence"	YES / NO / N/A
I feel that I can express my thoughts, opinions, questions and concerns freely without coercion or threats	YES / NO

Yes, I agree to participate

The organization and I have discussed and I understand the potential risks and benefits involved with the public dissemination of my photograph, video, personal information, or story. I understand that I am free to stop the interview/discussion or stop having my picture/video taken at any time. I am aware of the services available if I feel I need to talk to someone or seek another type of support as a result of this session.

Signature of participant:

Signature of guardian, if giving consent on behalf of a child under 18 years:

.....

Signature of witness testifying to verbal consent:

(To be included only if participant is not able to provide a signature or thumb print)

Date:

