## Community Inclusion Standard. Example consent form

**Privacy Policy and Data Use**

By completing this form, you consent to **[Organisation]** holding data that you choose to share in this form, and in interviews you choose to take part in.

**[Organisation]** will hold your information securely and only for the purpose of this specific piece of work. You can read [**data controller]**'s privacy policy here: **[inset link to policy]**

**For Participant to Complete**

|  |  |
| --- | --- |
| Full Name: |  |
| Contact Details [as relevant for project, e.g. phone number, email]: |  |
| I consent to taking part in the **[project]** with **[Organisation]**, and to **[Organisation]** collecting and processing the information that I provide, in line with **controller's** data handling and privacy policies: | **Yes, I consent**[ ]  | **No, I do not consent**[ ]  |

**[Organisation]** may take pictures/videos/recordings at **[provide information around use for media captured, e.g. reporting, social media, audit, website, promotion, etc.]**.
**[Organisation]** will hold photos/videos/audio recordings in line with **[relevant policies/legislation]**.

You may remove permission for your data and likeness at any time, or ask for more information about the use of your data, by **[process for removing permissions].**

I have read and understood the information above and give my consent for **[Organisations]** to use audio recordings or excerpts of recordings of me:

|  |  |  |
| --- | --- | --- |
| *(Example list of uses for media consents)* | **Yes, I consent** | **No, I do not consent** |
| I give my consent for **[Organisation]** to use images taken of me and images of materials I have produced at events: |[ ] [ ]
| I give my consent for **[Organisation]** to use videos of me taken at events: |[ ] [ ]
| I give my consent for **[Organisation]** to use audio recordings of me taken at events: |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| **[Organisation]** may seek certification to validate and verify community engagement processes undertaken and Auditors may ask to speak to participants. Do you give **[Organisation]** permission to pass your name and contact details onto an auditing team to discuss a certification process? | **Yes, I consent**[ ]  | **No, I do not consent**[ ]  |

|  |  |
| --- | --- |
| Signature: |  |
| Printed Name: |  |
| Date: |  |