ARCHES CONSENT FORM

Name ____________________________________________________________

Please circle your choice:

1. I want to take part in the project
   YES   NO

2. The project was explained to me
   YES   NO

3. I was informed that I can say I don’t want to participate at any point.
   YES   NO

4. All my information will be kept safe.
   YES   NO
5. I can be photographed and/or filmed

[ ] YES  [X] NO

6. My pictures and ideas from the ARCHES project can be used for education or research and publication

[ ] YES  [X] NO

7. My picture can be used in Newspapers or on TV or on the INTERNET

[ ] YES  [X] NO

(You can say NO at any time.)

I give permission to the Open University and Bath University to share and use my words and thoughts. This is my copyright. I agree to give my copyright to the Open University and Bath University. They will not use my copyright for profit.

Signed:                                    Date:

Signature of Supporter (if appropriate)  
Name

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