Participant Consent

Participatory Monitoring Video - <project, location>

We are here to capture your stories in relation to <insert monitoring project aim here>. As part of this community you might be in video or photos during the project.

I understand that at any time I can ask that my information to be removed without a problem.

**I Understand **

# Photos and Video

We may use your stories and images for reporting to our donors and sharing with other people in the country and abroad.

Will you allow us to publish photos or videos of **You** on <my org>, program partners’ and other respected international websites?

**Yes No **

Will you allow us to publish recordings **You made** on <my org>, program partners’ and other respected international websites?

**Yes No **

If you have made recordings which are used in any videos, do You want to have Your name included at the end of the film?

**Yes No **

# Research

We might watch and make videos of Your during the project to learn about making videos.

Will you allow us to publish with this information, as long as we **do not** use Your name.

**Yes No **

# Consent

|  |  |
| --- | --- |
| Your first name:  Your last name:  Your age:  Your signature: | Facilitator Name:  Facilitator Signature: |
| *If you are a minor, please have your guardian fill out below:* | |
| Guardians Name & relationship to participant: |  |
| Guardians Signature: |  |