



Aids and Equipment Action Alliance

Making participation and inclusion a reality

Aids and Equipment Action Alliance [AEAA] Personal Story Consent Form

Section 1.

Purpose: To educate others and highlight the need for appropriate provision of aids and equipment for people with disabilities.

Aids and Equipment Action Alliance would like to use the personal story about:

(name of client and / or family)

(topic)

Section 2. Information to help you decide

What are personal stories?

Personal stories tell others something about a person's life. They help others to understand people's life experiences.

Where will we use your personal story?

We may use your story in one or more of the following for the work of the Aids and Equipment Action Alliance:

- On our website,
- In conference presentations,
- In workshops,
- In written information such as newsletter articles etc

How long will we keep your personal story?

We will keep this personal story for 5 years. If we want to use it after that time , we will ask for your permission.

Where will my personal story be kept?

It will be kept at Aids and Equipment Action Alliance. Only people who do work for AEAA will be able to use it for AEAA. They will only be able to use this story if you sign this form.

Will people know the story is about me?

We will only use your name and photo in the personal story if you say we can. If you prefer, we will use another name. We will also let you read the story or read it to you. We will leave out or change any parts of the story you do not want included.



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Section 3. Please complete if you wish to give your consent for AEAA to use your story. How do I give my permission?

You need to tell us what we can use your personal story for by ticking the box:

- Website
- Conference Presentation
- Workshop
- In Written Information

You also need to tell us if we can use your name in the story by ticking the box:

- Yes, please use my name
- Yes, please only use my first name
- Yes, please only use my surname
- Yes, but please use a different name to de-identify me.....
- No, don't use my name or photo

If yes, how do you want your name to appear?

You also need to tell us if we can use your photo in the story by ticking the box:

- Yes, please use my photo
- Yes, you can use my photo but please change my name
- Yes, please use my photo, but not my face
- No, don't use my photo

Section 4. Please complete some details about yourself

Now, if you want us to use your personal story please write your name below.

Name: Date:

Sign:

For people who can't give their own consent, someone else should sign below.

I have discussed this form with
(Name of person in the personal story)

Name: Date:

Signed: Relationship to Person:

Date of Consent : Expiry Date: [5 years from consent date]

Permission can be revoked by the person in the personal story at any time.

Thank you for letting the Aids and Equipment Action Alliance use your personal story.