

Deaf Child Worldwide Consent Form (English)

Staff should help children to complete the consent form and ensure they understand how their story, image or video will be used



My name is

My age is



Someone has explained to me that Deaf Child Worldwide works with deaf children and young people all over world. They work with (name of partner) to support children here in (name of country).

I understand that Deaf Child Worldwide will use/share my:



Stories



Photos

Videos (tick ✓ as appropriate)

so that people in other countries can understand the problems deaf children face and to ask for their support to make things better.



I understand that this might appear on Deaf Child Worldwide's website or in reports and publications they might create, and in their fundraising and media materials.



I know that Deaf Child Worldwide may change my name and other details so no-one knows it is about me.



I know who I can talk to, if I change my mind at any time and ask them to stop and not use my story, photo, video or any information about me.

After five years, Deaf Child Worldwide will stop using the images they have taken of me or contact me to ask if they can continue.



If Deaf Child Worldwide decide to use a photo with me in it, they will provide me with a copy of that photo or the publication it is in.



Agreement

I say **YES** to the above (sign name or write 'X')



Disagreement

I say **NO** to the above (sign name or write 'X')

Date of consent:

Part 2: Parental/Care Giver Consent

Young adults over 18 can give their own consent

Someone has explained to me about Deaf Child Worldwide’s work and how the images or information about my child might be used.



Agreement

I say YES to the above (sign name or write ‘X’)



Disagreement

I say NO to the above (sign name or write ‘X’)

Part 3: Person Witnessing Consent

To be completed by Partner/Deaf Child Worldwide staff

Please tick how a clear agreement/disagreement was obtained:



- Sign language
- Through an interpreter
- Through pointing
- Other visual aid
- Other method:
- Through another person who can communicate with the child

Name:

Relationship with child:

I confirm that (named person) agreed/disagreed with Deaf Child Worldwide using their story or images.



Part 4: Teacher Consent

To be completed by teacher on behalf of class

- I have explained the content of this form to my class.
- The children understand how Deaf Child Worldwide may use their stories/photos/videos and they have given consent for this to happen.

Name of Staff completing the form:

Signature: Date: