**SAMPLE PARTICIPANT CONSENT FORM for USE of IMAGES**

**TITLE OF RESEARCH STUDY:**

Photographs taken of you would be used to add interest and exemplify the research findings. For example, they may be used as illustrations in website summaries, research reports, summary leaflets, newspapers articles and/or conference presentations. They will not be used in any way that would show you in a bad light.

**To be completed by the participant:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. I agree to have my photograph taken. |  |  |
| 1. I understand that my questionnaire responses will not be  linked to the photograph(s). |  |  |
| 1. I understand that my name will not be linked to the  photograph(s). |  |  |
| 1. I understand that I will not be given credit for my appearance in photograph(s). |  |  |
| 1. I give the project team permission to: |  |  |
| * put my photograph(s) on websites |  |  |
| * use my photograph(s) in printed material (e.g. reports,  leaflets, newspaper articles, news releases) |  |  |
| * use my photograph(s) in presentations (e.g. at  conferences or seminars) |  |  |

**Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of participant (block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name, address, contact number of investigator)