# consent form FOR HOSPITALS/HEALTH CENTRES

THET believes in upholding the rights of its contributors to participate and be heard, to experience respect and dignity, to make free and informed decisions, and to be protected from risk and harm.

THET uses photographs/video/stories to communicate messages and document the work of projects. These images/stories become a valuable resource not only for us, but for Health Partnerships, our supporters and potential donors. These images/stories appear on our website, social media sites, publications and at events. Our **Code of Conduct on Ethical Story Telling** sets out how photographs, videos and stories of people involved in our activities should be taken and shared.

We believe that every person – child, young person, and adult – when identifiable – must be consulted about the use of their image and must give consent to it being used and shared. THET recognises the need to ensure the welfare and safety of all people whose images we use.

# **If you have any questions, concerns, or become aware that images of your HOSPITAL/HEALTH CENTRE are being used inappropriately please contact safeguarding@thet.org**

## Information sheet for HOSPITALS/HEALTH CENTRES

**Insert title of project/event (if there is one)**

*Your Hospital/Health centre is being invited to take part in a* ***[IMAGE COLLECTION, VIDEO, STORY COLLECTION, WORKSHOP ETC.]*** *Before you decide for your Hospital/Health centre to take part, it is important that you understand why this initiative is taking place and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.*

**Why are we doing this initiative and why within your Hospital/Health centre?**

*Explain the purpose i.e. to keep access to health care for women at the forefront of any foreign aid programmes and the reason for choosing this particular Hospital/Health centre and why images/stories are collected in this location.*

**How will the images and stories be used?**

*Explain where the images/video/stories will be published and for what purpose. Where possible discuss the representation of the images/stories and ask how the Hospital/Health centre would like to be portrayed/represented. Where possible show images of other THET publications.*

**What will happen if your Hospital/ Health centre takes part?**

*Outline any preparation and what will happen when images/video are taken in the Hospital/Health centre and how stories will be collected. Explain that none of the normal Health centre/Hospital procedures should be stopped or interrupted whilst filming/photography/story collection is ongoing.*

**How will privacy and confidentiality be protected?**

*Please explain how this project is taking every possible step to ensure confidentiality, i.e. filming and photography will be conducted in a way that people are not directly recognisable, or if images/video/stories are collected where people can be identified, informed consent will be asked from each individual involved and THET will take every possible measure to prevent any personal information from being known to people outside the data collector team. If individuals agree to have their picture taken/share their story, their name will only appear in reports if they provide us explicit permission to do so.*

**What are the benefits?**

*Proposed text: THET does not provide any remuneration or gifts in return for allowing THET to take photographs/videos or collect stories in your Hospital/Health centre, but the images/videos/stories will be shared with you prior to their release and will also be made available for your Hospital/Health centre to use as well. Once published the images/video/stories will help raise awareness of [insert reason] and [raise funds/update donor/contribute to - etc] E.g. helping ensure that the UK Government will continue to support and fund women’s health.*

**What are the risks?**

*Insert relevant risks for the Hospital/Health centre and please add the following text:*

*There is always a very small risk that a breach of confidentiality could take place and while this is a very small risk, it is our duty to warn you of this even as we give you our assurance that we do everything to keep the data and identity safe of those people who have requested this.*

**What if you change your mind and your Hospital/Health centre no longer wants to participate?**

*Allowing THET to take images/video/collect stories in your Hospital/Health centre is entirely voluntary. You can always ask for the photographer/person filming/collecting stories to pause or stop at any time. This won’t have any negative consequences.*

*If you no longer would like us to take pictures/video or collect stories in your Hospital/Health centre, you can just tell us you no longer want this to happen. Or if you later realise that you don’t want us to use the pictures/video taken of you, that is fine too. Just get in touch through the details below and we will delete all the data that was collected. This does not have any bad consequences. However, you should know that if you get in touch after [INSERT DATE] we might not be able to retrieve the image/information from the external websites and social media or publications. But as THET we will make sure we will not use the image/information going forward.*

**If you have any questions/concerns about the initiative, please contact:**

*Please include contact details for the THET + partner office that participants can follow up with for complaints, questions or to withdraw consent.*

**Do you have any questions you would like to ask?**

# consent form Hospitals/Health centres

**[INSERT TITLE OF PROJECT/EVENT]**

**Hospital/Health centre representative name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I confirm that [I have read the information sheet concerning this initiative/the information sheet concerning this initiative has been read to me]
2. I understand what is required of me if pictures/video footage/data collection is happening in [name] Hospital/Health Centre.
3. I understand why you are filming/taking pictures/collecting stories.
4. I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.
5. I understand that participation is voluntary and that I may withdraw at any time without giving a reason.
6. I understand that if I withdraw my consent after [INSERT DATE] that THET will no longer use the image/stories but that it has already been distributed to others and it might not be possible to retrieve from the internet/publication.
7. I consent that image/film footage/stories of [name] Hospital/ Health centre might be used in future reports, articles, or presentations by THET.
8. I understand that if people are identifiable in the images/film footage/stories informed consent has been sought from them.
9. I understand who I can speak to should if I have any questions about this initiative.
10. I consent for [name] Hospital/ Health centre to take part in this initiative and confirm I have the authority to do so.

Yes ☐ No ☐

# Written CONSENT

**Adult’s name OR initials: Hospital/Health centre name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Verbal CONSENT

**Adult’s name OR initials: Hospital/Health centre name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verbal assent has been given by participant**  Yes  No

**Data Collector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PLEASE USE **EITHER** THE WRITTEN CONSENT BOX **OR** THE VERBAL CONSENT BOX AS APPROPRIATE. DELETE THE BOX THAT IS NOT NEEDED.