# CAse study Data Collection: ASSENT FORM for adolescents 15 - 18

THET believes in upholding the rights of its contributors to participate and to 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 clips, and stories to communicate messages and document the work of projects. These images and stories become a valuable resource not only for us, but for Health Partnerships, our supporters, and potential donors. These images and stories appear on our website, social media sites, publications, and at events. Our **Code of Conduct of Ethical Storytelling** sets out how photographs and videos of people involved in our activities should be taken, and how their images and the stories they tell should be shared.

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

# **If you have any questions, concerns, or become aware that images of you and the stories you have shared are being used inappropriately, please contact safeguarding@thet.org.**

## please read the following ASSENT form and discuss it with your parents + carers then fill in the form

## Information sheet for adolescents aged 15 - 18

**Please use simple language that young people can understand. Keep the information concise, whilst ensuring that key points are included. We propose you follow the headers set out below.**

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

*Proposed text: You are being invited to take part in a* ***[image collection, video, workshop, case study etc.]*** *Before you decide 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.*

**What are we doing?**

*Explain what you want to do [****filming, taking photographs, listen to their stories****], who will be involved; include country partners etc.*

**Why are we doing this initiative?**

*Explain the purpose of the images/video/story, e.g. to keep access to health care for women at the forefront of any foreign aid programmes.*

**Why have you been invited to take part?**

*Reason for choosing a particular person or group in a particular setting.*

**How will your image be used?**

*Please explain with whom the image and the story will be shared and for what purpose. For example, who is likely to see the image and listen to the story and what measures will be taken to anonymise the image and the story. For example, explain that if people wish only first names will be used and the location will be kept confidential.*

**What will happen if you decide to have your picture taken?**

*Outline any preparation and any follow up, explain who else will be participating (if others will also be photographed/filmed/interviewed) the date and location when the images/video/story gathering will take place and the estimated duration of the participant’s involvement.*

**What are the benefits?**

*Proposed text: You will not get paid for taking part in this initiative and you won’t receive any immediate benefit (for example, by receiving preferential treatment by the Hospital). But the image/video/story will help THET with [****fundraising, raising awareness etc.].***

*Please see THET’s Code of Conduct on Ethical Storytelling for guidance on benefits. Please explain what the image and the story telling aims to achieve. E.g. helping ensure that the UK Government will continue to support and fund women’s health. Outline the benefits of why these images/videos/stories will help THET. For example, by helping raise funds. But don’t raise false expectations and it should be made clear that participants will not get paid for taking part and they won’t receive any immediate benefit [****for example, by their child or family members of the child receiving preferential treatment by the Hospital or Health Centre****].*

**What are the risks?**

*Please describe relevant risks for the participants and 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 your data and identity safe.*

**What if you don’t want to participate anymore?**

*Proposed text: Your participation is entirely voluntary. It is up to you if you would like to have your image taken or if you want to tell your story. If you don’t want your picture taken, or you don’t want to tell your story, you can ask the photographer or the story collector to stop at any time or tell us that you want them to stop. Or if you later realise that you don’t want us to use your picture or your story, that is fine too. Just get in touch through the details below and we will delete all the pictures we have taken of you and the stories you have told. This does not have any bad consequences, and nobody will be upset with you if you as us to do so. But please note that after [****Insert date****] we might not be able to take the picture or story from the internet. We can ensure THET will no longer use it, but once it has been shared it might be difficult to retrieve.*

**Keeping your pictures private and safe**

*Proposed text: When we use your picture or your story we will never include your full name in of our reports, social media, or web pages. It is very important to THET to keep children/adolescents safe, so we won’t tell anyone your name unless we are worried about your safety or the safety of another person. If this happens, we will tell* ***[Insert local partner****], who might talk to other organisations or services so that they can help.*

**How can you find out more about the initiative?**

*Include contact details for the THET/local partner office that participants can follow up with for complaints or questions.*

**Support services you can contact**

*Proposed text: If you are worried about something, or feel uneasy about someone, it is important that you know there are people you can go to. Please talk to* ***[details of safeguarding focal point]*** *about your concerns. You can approach her/him during or after the initiative. S/he will ensure that your concerns are addressed properly.*

*If you don’t want to talk to the photographer, or the story collector, or we are the cause of you feeling uneasy, then you could speak to* ***[contact details for THET’s safeguarding focal point and other local services, such as helplines]****. Your protection is so important to us!*

**Do you want to ask us any questions?**

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

**Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I have read the information sheet/the information sheet has been read to me.
2. I understand why you are doing this project/event and why you would like to take my photograph/video, share my story.
3. I understand that taking part is voluntary and that I can stop you at any time, and that I don’t have to have my picture/video taken or share my story if I don’t want to.
4. I have been given the opportunity to consider the information, ask questions, and a reply was given for all the questions that I’m happy about.
5. I understand who I can speak to should I feel worried or sad about having my picture/video taken, or my story told.
6. I know that you will not share my full name or other personal information in your reports or other publications.
7. I understand that if I withdraw my consent after [INSERT DATE] that THET will no longer use my image or my story, but that it has already been distributed to others and it might not be possible to retrieve the image or the story.
8. I will need to get my parent/guardian’s permission for you to take my picture/video/tell my story.
9. I am happy to have my picture/video taken and my story told.

Yes ☐ No ☐

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

# Verbal assent

**Young person’s name OR initials (delete if not collecting names or initials):**

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

**Verbal assent has been given by child/adolescent**  Yes  No

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

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

# Written assent

**Young person’s name OR initials (delete if not collecting names or initials):**

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

**Signature/Thumbprint of child/adolescent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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