

# MARKETING INTERVIEW CONSENT FORM

Please ensure that interviewee receives a completed copy of this form.

## STAFF USE ONLY

Interview Date: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Interviewer Contact Info: \_\_\_\_\_

- Interview was filmed. (If possible, share the storyboard with the interviewee in advance).
- Interview was audio-recorded.
- Photographs were taken.
- Interview notes were taken.
- PRIVACY: Interviewee chooses to:
  - Share first name only       Be anonymous (NO IDENTIFYING DETAILS)
  - Use a fictional (made up) name: \_\_\_\_\_
  - Other: \_\_\_\_\_

## INTERVIEWEE TO FILL OUT THIS SECTION:

I, \_\_\_\_\_ have agreed to share:

(please initial)

(print full name)

\_\_\_\_\_ my own story

\_\_\_\_\_ my child's/children's story/stories → Children's Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to help raise public awareness about the positive impact of (ORG NAME).

Project Summary (staff to fill in):

\_\_\_\_\_

\_\_\_\_\_

Contact Information for Questions, Feedback, or to Withdraw Consent:

I understand the following:

- At any point, I can remove my consent by informing any staff member or using the contact information on this document, and there will be no negative consequences.
- If my story has been published at the time that I change my mind, the agency will make every effort to remove it (for example, taking it down from the website and social media pages) but may not be able to entirely eliminate my story from public viewing.
- Before I share my story, I have the right to know when and where it will be published. This information is as follows:

Expected date of publication (approximate): \_\_\_\_\_

Publication Locations:

Newspaper(s):

\_\_\_\_\_

Online News:

\_\_\_\_\_

Television Station(s):

\_\_\_\_\_

Radio Station(s):

\_\_\_\_\_

Website

Facebook

Twitter

YouTube Channel

Other:

\_\_\_\_\_

- I can choose not to answer any of the interview questions, and to take a break or end the interview at any time. I can decide which details I do/do not want included in the final edit of my story. This may include information about other people (such as family members). I can decide if I want to share my full name, photographs, and other details such as my age and the town where I live.
- Staff are available to listen and support me, or help me find other services, if sharing my story brings up difficult experiences from my past.
- I have the right to view, and request changes to, the draft version of my story before it is published.

A draft can be sent to me at: (e-mail) \_\_\_\_\_

I understand that I will need to submit any requests for changes by the deadline given.

Interviewee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information for Questions, Feedback, or to Withdraw Consent: