# INFORMATION SHEET AND CONSENT FORM

**Name of project**

**Who we are**

Brief description of the engagement/facilitation team

**What we are doing**

Brief description of the method and aims of the workshop

**Your participation**

We are asking you whether you will participate in a workshop exploring…[insert the topic that you are exploring with your workshop].

The workshop will involve a group/collective process that will take place over X days.

The programme will start at Xam/pm and end at Xam/pm daily.

We will either reimburse your travel or arrange your travel to the workshop venue.

During the process, you will use images, video, audio and/or photographs to develop a narrative or tell a story. [You will be provided with guidance and training in the use of digital technology to record your story – insert if appropriate].

Following the X-day workshop, you will be invited to participate in an additional [half-day] workshop to review your [type of visual material] and make decisions about the ways in which it can or cannot be used by the [name of organization].

Please understand that your participation is voluntary; the choice of whether to participate or not is yours alone. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the workshop at any time and tell a facilitator that you don’t want to continue. If you do this, there will be no consequences and you will not be prejudiced in any way.

**Documentation**

With your permission, we will audio record, videotape and take photographs of some of the workshop discussions and activities, and take some written notes. These recordings are done so that we can accurately document the conversations that take place and they will be used for transcription purposes only. If you would rather not be audio recorded, videotaped or photographed, please let a facilitator know. If you agree to being audio recorded, videotaped and/or photographed, but feel uncomfortable at any time during the workshop, we will turn off the recorders and cameras at your request. Or if you do not wish to continue at all, you may leave the workshop at any time.

**Confidentiality**

In group discussion settings such as this workshop, confidentiality will be strongly encouraged but cannot be guaranteed. The facilitation team will adhere to confidentiality and ensure anonymity of your [visual material] at your request. The engagement/facilitation team cannot guarantee that other workshop participants will treat the information that is revealed as confidential, but all will be urged to do so. Participants are thus advised not to disclose sensitive personal information in the group discussions if they do not feel comfortable in doing so.

**Risks/discomforts**

During the workshop, we will ask you to share a [personal story] about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (topic to be inserted, for each case). There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. You may stop the discussion at any time if you begin to feel uncomfortable.

**Benefits**

[Provide information about how you hope that participation in the workshop may be beneficial to the participants].

**If you have any concerns after the workshop, please contact us on**

[provide contact details of the engagement/facilitation team]

***You may keep this information sheet***

**Name of project**

**CONSENT**

I understand that:

 - my participation in this workshop is voluntary and I can stop participating at any point should I not want to continue

 - if I decide to withdraw my participation it will not in any way affect me negatively

 - this engagement project may not benefit me personally in the immediate or short term

 - my participation will remain confidential should that be my preference

**CONSENT FOR PARTICIPATION**

I agree to participate in this [participatory visual methods] workshop

**……………………………..**

**Signature of participant Date**:…………………..

**CONSENT FOR DIGITAL AUDIO RECORDING OF WORKSHOP DISCUSSIONS**

I agree to the digital audio recording of my participation in the workshop.

**……………………………..**

**Signature of participant Date**:…………………..

**CONSENT FOR VIDEO RECORDING OF WORKSHOP DISCUSSIONS AND ACTIVITIES**

I agree to the video recording of my participation in the workshop.

**……………………………..**

**Signature of participant Date**:…………………..

**CONSENT FOR PHOTOGRAPHY OF WORKSHOP ACTIVITIES**

I agree to the photography of my participation in the workshop.

**……………………………..**

**Signature of participant Date**:…………………..