# RSH Ethiopia consent form (media and communications)

This consent form can be used by civil society organisations (CSOs) in Ethiopia to gather consent for media and communications work.

## 1. Details of the project

Insert brief overview of the project for which the consent is being sought. This includes:

* + **What and why:** Your CSO, what data and images are being collected for and why
  + **Where, when and how:** How the data will be used, where and when
  + **Who:** Who will use their data and who the audience is
  + **Explain that: Where the data is published,** other people or organisations might use the data, including quotes, shared in the media or communications. Confirm that the person giving consent understands this before they provide consent

**Note to the person gathering consent!**

If the person you are gathering consent from is a victim/survivor of sexual abuse, exploitation and sexual harassment or other harms and abuses:

* Have you (and colleagues) assessed the risks and decided that it is safe to include the stories of the victim/survivor? Yes / No
* Tick to confirm that you will not take photos or videos of the victim/survivor’s face
* Tick to confirm that you will include the victim/survivor’s full name in the form and will change the name for any media or communications

**Person seeking consent**:

**Organisation:**

**Contact details**:

## 2. Data collection and usage

We are seeking consent for the following data: *[insert data type(s) e.g. interview, photos, film etc.]*

Any data may be used for the following purposes by the organisation on:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Social media/ blog |  |  |
| News article / Newsletter |  |  |
| Promotional emails |  |  |
| Website |  |  |
| Presentation |  |  |
| Public event |  |  |
| Internal report |  |  |
| Donor report |  |  |
| Other- Please specify |  |  |

We use data in line with our ***{insert organisation name}*** policy and will keep the data for ***{insert amount of years you will keep data in your data base}***.

Access to the information on the consent form will be limited to the ***{insert team or person who will have access to consent}*** and the person seeking consent.

## 3. Personal details

Please provide your personal details in the table below.

Personal information of the individual the data is about

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Gender |  |
| Address |  |
| Phone No. |  |
| Any other information, e.g. organisation |  |

Personal information of the person giving consent if the person is a child or unable to give consent themselves

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone No. |  |
| Gender |  |
| Relationship to person giving their data |  |

## 4. Consent

Please answer the following statements by ticking the Yes or No box.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I consent to my data being used as described in section 2, anonymously |  |  |
| I consent to my data being used as described in section 2 and my full name being used as written in section 3  (For victims/survivors names will be changed and faces will not be displayed) |  |  |
| IF RELEVANT I consent to my data being used as described in section 2 and my organisation’s name being used as written in section 3 |  |  |
| I understand that I have the right to withdraw consent at any time by contacting the organisation |  |  |

## 5. Signature

Please sign or type your name below to provide consent. When the above-named person (the person who the information is about) is a child or unable to give informed consent themselves, the parent or caregiver consents to the above on behalf of the person.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |