

Storyteller consent form

I have understood the information contained within the Storyteller Information Sheet, a copy of which I have been given to keep. I agree to tell my story regarding my recent experience in the Health Service.

My story can be digitally recorded and used by Cardiff and Vale University Health Board to improve their services. I can withdraw my consent at any time and do not have to give any reason for withdrawing.

I am willing for my story to be shared with:

- | | |
|---|-----|
| 1. The health professionals dealing with your care | [] |
| 2. Any health and social care professi | [] |
| 3. At board meetings and conferences, where members of the public or journalists may attend | [] |
| 4. Internet and social media (i.e. Twitter, Facebook etc) | [] |
| 5. On the All Wales Digital Story sharing platform Civica | [] |

I have permission to use all the images I have provided Yes / No / Not relevant

Title of my story (optional):

The name I would like to be acknowledged by as the storyteller is:

I consent to Cardiff and Vale University Health Board keeping my story indefinitely unless I withdraw consent in the future.

Print name: Date:

Signature:

Contact details (email or telephone):

Address:

Thank you for agreeing to tell us your story.

Contact details for Cardiff and Vale UHB representative.

I have informed the above person about this interview, and I am sure they understand the content of both the Storyteller Information Sheet and this Storyteller Consent Form.

Name: Position:

Signature: Email: