

Sharing your

Birth &
Parenthood

Stories

Consent Form

EMPOWER

em•pow•er

(verb) to give someone the power to do something

PERSONAL DETAILS

Name

Pronouns

Email address

Phone number

PARTNER/CO-PARENT'S DETAILS

Name

Pronouns

Email address

Name

Pronouns

Email address

Please read and tick the following statements indicating your preferences and understanding of the terms and conditions of sharing your story with us.

SHARING YOUR STORY

- I have gained consent from my partner and anyone else prominently featured in my birth story and they are comfortable to be included.
- I consent to the format and wording of my story to be edited in order to ensure readability of my story. I understand that I will be provided with the opportunity for feedback on the final edit and will be able to make adjustments and comments to ensure that I feel my story is accurately and fairly represented.

KOHA

- I understand that in way of koha for my emotional energy and time, I will be offered a photoshoot (free of charge) of my whanau/family with a professional photographer and that I will receive copies of the photos.
- I understand that there will not be any monetary remuneration for the use of my story or photos at this time or for any future publications.

PLEASE SELECT ONE OPTION

- I wish to be anonymous and consent to the names in my story being changed in the interest of confidentiality and anonymity, but understand that anonymity cannot be wholly guaranteed.
- I consent to my name being used in my story and that the photos submitted or taken during my photoshoot may be published alongside my story.
- I consent to names being used in my story, but do not wish my photos to be published or shared. The photos will be for my personal use only.

IF YOU WISH TO BE ANONYMOUS, PLEASE SELECT ONE OPTION

- I am happy for the names to be changed and chosen for me by EMPWR.
 - I wish to use the following names:
-

PLEASE SELECT ALL THAT APPLY

I consent to my story and/or photos being shared in the following way:

- | Story | Photos | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Published book of positive parenting/birth stories |
| <input type="checkbox"/> | <input type="checkbox"/> | Website |
| <input type="checkbox"/> | <input type="checkbox"/> | Advertising materials |
| <input type="checkbox"/> | <input type="checkbox"/> | Social media |
| <input type="checkbox"/> | <input type="checkbox"/> | Future publications |

AGREEMENT

I have read the Sharing your Story Consent Form and understand and give EMPWR permission to use and distribute my story and photographs as indicated in the form.

Name

Signature

Date



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