# Permission for collection and use of content

Translate and/or read this statement:   
“Tropical Data partners ( including, but not limited to the International Trachoma Initiative, RTI International, Sightsavers & the London School of Hygiene & Tropical Medicine) use photos, video, interview answers and audio to tell the stories of those affected by neglected tropical diseases, disability, sight loss and its causes, to show people the impact of our work and how our work can help. To do this, we request your permission to take an interview, audio, photos and/or videos. The material may be used in external communications by the Tropical Data partners (or donors), in your country, and internationally, and will be held securely by the Tropical Data partners. You can ask Tropical Data to stop using this material at any time, we won’t use it in future content, but it will continue to appear in content already in circulation.”

###### 1) I am [tick as appropriate]:

* A parent signing for a minor. (Parents name:......................................)
* An adult signing for myself:
* Signing for a group: My relationship to the group/job role is

2) Participants/group’s name: Age:

###### 3) I agree to Tropical Data [tick all that apply]:

* Interviewing me
* Recording me to use my voice
* Taking my photograph
* Making a video of me

###### 4) I confirm that the Tropical Data representative has explained to me how and where any content may be used (examples include newspapers, social media and publications, both in my country and internationally)

**6)** “I understand the information above, and give my permission for my content to be collected and used as indicated below.”

**Signature/thumbprint:** Participant: \_\_\_\_ Parent (if a minor):

**Translator/field worker/witness:** “I confirm I have translated and/or explained the information above.”

Signed: Name:

Identifier/Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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