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Storyteller consent form. Icon

Description automatically generated

I have understood the information contained within the Storyteller Information Sheet, a copy of which I have been sent via email or given to keep. I agree to tell my story regarding my recent experiences of the pandemic.

I understand my story will be digitally recorded and will be kept \*indefinitely. The video will be used for service improving support and services and for academic research that documents how inequalities are increasing for migrant groups during and after the pandemic. I understand that the project also dcouments how migrants and advocates are themselves forging new support systems. I understand that my story will form part of an archive of this extraordinary moment in history when our health and wellbeing, our lives at home and in the family, at work, in education, and many other domains changed. I understand that the story research will be used the research to promote the rights and representation of migrant groups and improve our safety and security. I understand that my story will not form part of any government records. I understand I can change my mind at any time without giving a reason.

**Please let us know your choices:**

I am willing for my story to be shared with:

1. Open University academics
2. Meetings, Conferences & Health Board leaflets (note journalists may see your story)
3. Internet and Social Media (Twitter, Facebook etc)

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

Title of my story:

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

I consent to the Open University keeping my story indefinitely\* unless I withdraw consent in the future

Print Name: Date:

Signature: Contact details (email or phone):

Address:

Any further comments:

\*Stories will be stored securely until it is clear that they are no longer being used for research.

Thank you for agreeing to tell us your story.

Contact details for Open University 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: E-mail: