

Consent form



☐ Please **tick** to tell us you have a copy of the consent **fact sheet** and you understand the ways we might use your story, photo, or video.

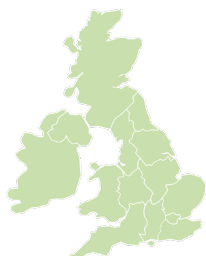


Today's Date _____



About You

Name _____



The area you live in _____

(eg. Yorkshire or Devon)



Age _____

Address _____



Contact information:

email: RealLifeStories@mencap.org.uk | telephone: **07415 332 585** | Mencap Direct: **0808 808 1111**



Phone _____



Email _____



Sign here _____



About your supporter

Name _____



Signature _____



How you know the person _____

Contact information:

email: RealLifeStories@mencap.org.uk | telephone: **07415 332 585** | Mencap Direct: **0808 808 1111**



Your story, photo, or video

Please tick the boxes to say that you are happy with us using your story, photo or video in each way:

Internal

Story Photo Video



In Mencap reports or magazines

☐☐☐

On Mencap leaflets or posters

☐☐☐

On Mencap's website

☐☐☐

On Mencap's social media

☐☐☐

To help raise money for Mencap

☐☐☐

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External

Story Photo Video



In the media – we will always check with you if this is OK first

☐☐☐

With other groups who do good work about learning disability – we will always check with you first if this is OK.

☐☐☐

Is there anything else you want to tell us about how we can use your story, photo, or video?

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Easy Read Consent form 2020.211