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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 Salisbury NHS Foundation Trust.

My story can be digitally recorded and used by the Trust 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. Healthcare professionals
2. Board meetings & health conferences, where members of the public or journalists may attend
3. Other health professionals within Salisbury Hospital for individual/team learning
4. Internet and Social Media (i.e 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 Trust keeping my story indefinitely unless I withdraw consent in the future

Print Name: Date:

Signature: Contact details (email or phone):

Address:

Any further comments:

Thank you for agreeing to tell us your story.

**Contact details**

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: