

## Recovery Story Sharing – Consent Form

[ Trust/Organisation name ] produces a range of communications to help promote the recovery of others. We like to share the experiences of real people who are using or have used IPS services in our communications as it helps to demonstrate the impact of IPS. Whether someone is at the beginning of their journey, possibly experiencing a setback or simply keen to learn more about the service; listening to stories from others in a similar situation can provide the extra hope and encouragement needed to face any challenges.

By completing this form, you give permission to use your story in our communications at [ Trust/Organisation name ].

Full name			
Address			
		Postcode	
Telephone			
Email			

**What will my story be used for?** (Please tick the options you are happy with)

- Presentations:** [Trust/Organisation]'s internal and external presentations
- Websites:** [Trust/Organisation]'s website and intranet
- Social media:** [Trust/Organisation]'s social media pages *[include your social channels i.e. Twitter]*
- Publications:** [Trust/Organisation]'s leaflets, posters, newsletters and other marketing materials
- Print and online media:** National, regional and local papers; magazines and news sites
- Television and radio:** National and regional television; national, regional and local radio
- IPS Grow:** I am happy for my story to be shared IPS Grow who may share my story at a national level by the means I've selected above (i.e. presentation, webiste, social media)

**How will my story be used?**

- To provide support to other people with mental health support needs and staff within mental health services
- To inform people in partner agencies and others more generally about what people will mental health support needs can achieve and the challenges involved.

### Can I remain anonymous?

You can choose to have your real name published with your story or remain anonymous (in which case, we will use a false name). Please tick one of the following options:

I am happy for my real name to be used  I do not want my real name to be used

Please tick this box if you do NOT want to be featured in imagery or video footage

Are there any identifying features you do NOT want included in our communications work? *For example, your location or the age of your children*

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.....  
.....

Please let us know if there are any ways in which you do NOT wish to be represented or described:

.....  
.....  
.....

We will confirm with you the final version of your story before it is used. If you are not happy with it then, we will not use or until we change it so you are happy with it.

### I am happy to give my permission

Please sign this form to show you are happy to give permission for your story to be used by [charity name] for the purposes outlined above. You can ask us to stop using your story at any time.

Signature  Date

If you are under 18, we need written permission from a parent, guardian or responsible adult.

Signature of parent/guardian  Date

**Data protection:** The information that you provide here will only be used to contact you about sharing your story in our communications work. We will not pass the details recorded on this form on to any other organisation without your permission. We will not store your data for any longer than [period of time you will store their data].