

CONSENT FORM: TELL STORY

Thank-you for agreeing to share your story and assisting TELL to fulfil its objective to lead the conversation around organ and tissue donation in South Africa.

I _____ **(full name)** voluntarily consent to the use of my healthcare practitioner / organ recipient / organ donor / other capacity **(please encircle applicable option)** story by the TELL (Transplant Education for Living Legacies) NPO Association (hereafter referred to as the 'Association') for the purpose of raising awareness for organ and tissue donation via the Association's various media campaigns and events.

The Association confirms that it will use the information provided solely for the purposes identified in this Consent Form. Where it is required to use the information for ulterior purposes, the Association will contact the participant for his / her further consent.

Please initial the boxes below to confirm that you agree with each statement:

**Please
Initial box:**

I confirm that I have read and understood the consent form and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

I understand that I am free to contact any of the Association's representatives to seek further clarification and information.

I agree to share my story with TELL. I understand the story will be used for media campaigns on various platforms, including, but not limited to Facebook, Instagram and Twitter.

I agree to provide my story.





Review: I would / would not **(please encircle applicable option)** prefer to review the story prior to it being published.

Copies: The participant may request a copy of the Consent Form once signed by all parties. The Association will keep the original signed copy in a secure location and will take all reasonable steps required to protect the participant's personal information.

Remuneration: No claims may be instituted for compensation or other remuneration, now or in the future, unless otherwise agreed.

The Association takes no responsibility for any third party claims which may arise due to information provided by the participant.

I, the undersigned, declare that all information provided during this process is to the best of my knowledge correct.

Name of participant

Signature

Date

Name of TELL Representative

Signature

Date