

# Consent Form

Cyfannol Women's Aid produces a range of communications resources to showcase our fundraisers, raise awareness and update donors. We like to share the experiences of real people who are fundraising on our behalf in our communications as it helps to inspire others to do the same. By completing this form, you give us permission to use your story in our communications for the future. Thank you for your help.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Presentations: Cyfannol Women's Aid's internal and external presentations

Websites: Cyfannol Women's Aid's website and intranet

Social media: Cyfannol Women's Aid's social media pages [include your social channels i.e. Twitter]

Publications: Cyfannol Women's Aid's leaflets, posters, newsletters and other marketing materials

Print and online media: Local papers; magazines and news sites

Television and radio: Local television; local radio

*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 \_\_\_\_\_

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

*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 Cyfannol Women's Aid for the purposes outlined above. Your story will not be used or stored, unless you ask us to stop using it before then.

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 7 years.

Please return your completed form via email [fundraising@cyfannol.org.uk](mailto:fundraising@cyfannol.org.uk)  
If you have any questions about the form, please contact [fundraising@cyfannol.org.uk](mailto:fundraising@cyfannol.org.uk)

Cyfannol Women's Aid is a registered charity in England and Wales, registration no. 1045890.