



## Occupational Narratives Consent Form

**Please review and complete the applicable portions of the form below.**

Contact information provided on this form will not be disclosed to third parties.

### **Purpose and Use of the Occupational Narratives Recordings**

Occupational Narratives are an online collection of images and video recordings depicting meaningful occupations. The Occupational Narratives are published by the World Federation of Occupational Therapists (WFOT) on a publicly available website for use in publications, social media, conferences and other teaching, research and promotional activities and events.

Video recordings and images will be used in compliance with the WFOT privacy policy to conform to General Data Protection Regulation. The creator of the video, or other individuals depicted in the video and their parents/guardians can ask WFOT to stop using the video recordings and images at any time, in which case WFOT will refrain from further use of the material. WFOT cannot, however, control use or recall images previously published in the public domain. There will be no remuneration for any videos submitted to video creators or individuals depicted in the recordings.

### **Part I: For completion by the video creator:**

By signing below, I understand that:

- It is my responsibility to inform individuals that are included in video footage regarding the intended purpose and uses of the video. I will obtain signed consent using this form for all individuals that are included in video footage, including minors and vulnerable adults;
- My name, as stated in my submission form, may be used in publicity associated with the video if required.
- The images captured in the video recordings and any intellectual property which arises from the recordings will be the copyright of WFOT;

**Name (please print):**

**Contact email address:**

**Signature:**

**Date:**

**Part II: For completion by individuals depicted in the video:**

By signing below, I agree:

- My image may be included a collection of Occupational Narratives images and video recordings for the purposes and uses stated above.

**Name (please print):**

**Contact email address or telephone number:**

**Signature:**

**Date:**

**Part III: For completion by parent/guardians of individuals depicted in the video who are less than 18 years of age or a vulnerable adult:**

By signing below, I agree:

- The image of my child or the vulnerable adult in my charge may be included in a collection of Occupational Narratives images and video recordings for the purpose and uses stated above.

**Parent/Guardian name (please print):**

**Name of child/vulnerable person (please print):**

**Contact email address or telephone number:**

**Signature:**

**Date:**