

ID:			

## **CONSENT AND PERMISSIONS FORM**

To be completed by the contributor or an adult member of a contributing group.

YOUR FULL NAMES:	
ADDRESS:	
EMAIL:	
TELEPHONE:	
CONSENT	
The purpose of this section is to make sure that you have understood the main points about the project and for this to be a record of your consent. The purpose of the project is for the Oxford to digitally preserve Second World War-related stories and objects and make them online for anyone to use, share, and adapt for any purpose as long as due credit is given to the project, and the University of Oxford.	e University of freely available
	Please initial each box if you agree with the statement
MANDATORY REQUIREMENTS I confirm that I have had the opportunity to read and ask questions about the <b>Participant</b> Information Pack for the project.	
I agree to take part and understand that my participation is voluntary. I understand that I am <b>free to withdraw at any point</b> or ask for my contribution to be taken down without giving any reason. I understand how to make a complaint.	
I agree that my personal contact details will be retained in a secure database so that the researchers can contact me about future studies. I understand who will have <b>access</b> to the personal data provided.	
I confirm that the materials that I or a member of my group are submitting <b>belong to me/us</b> , or the owner of these materials has <b>authorised</b> me or a member of our group to submit the materials on their behalf.	
I confirm that I or a member of my group <b>own the copyright</b> in the materials, or the owner of these rights has <b>authorised</b> me or a member of our group to give permission for the materials to be photographed.	
I confirm that I know of no moral or legal reason why this material cannot be used in this project as described.	

## THEIR FINEST HOUR

ID:			

FOLLOWING DATA ONLINE FOR	ANYONE IN THE WORLD	IAT EVENT ORGANISERS CAN PUT THE TO USE, SHARE, ADAPT AND/OR REUSE FOR	2
Photographs and informate Your stories The audio recording of your A transcription of the audio Your name (IF NOT SELECTIONAL REQUIREMENTS) I consent to having my interview	tion about your object(s) ur interview io recording TED YOU WILL BE LISTED A	S 'ANONYMOUS')	
I consent to having my photograph taken for the purposes of online and/or printed material by Oxford University, the National Lottery Heritage Fund and national media and social media (including publications, reports, promotional material, websites and social media).  I give permission for you to contact me again to clarify information and provide me with further information about the project.			
NAME OF PARTICIPANT	DATE	SIGNATURE	
NAME OF PERSON TAKING CONSENT	DATE	SIGNATURE	