**Case Study Consent Form**

[Please amend this form as appropriate for your organisation. The red text should be amended or deleted as appropriate.]

**Dear Parent/Carer**

[Insert organisation name] produces a range of communications resources to develop awareness and accessibility of Bikeability, its success, goals and ambitions. We like to share the experiences of real people in our communications as it helps to demonstrate the difference our work is making. By completing this form, you give us permission to use your story in our communications. Thank you for your help.

**Name of child:**

**Name of Parent/Carer**

**Telephone:**

**Email:**

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

**Presentations:** [Insert organisation name] and external presentations ☐

**Websites:** [Insert organisation name] website ☐

**Social media:** [Insert organisation name] social media pages ☐  
[include the social media channels you use, ie Twitter, Instagram]

**Publications:** [Insert organisation name] leaflets, posters, newsletters ☐  
and other marketing materials

**Print and online media:** Regional and local papers ☐

**Television and radio:** Regional television, regional and local radio ☐

**Can I/my child 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 child’s real name to be used ☐

I do not want my child’s real name to be used ☐

Please tick this box if you do NOT want your child 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 your child 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 Bikeability Trust for the purposes outlined above. You can ask us to stop using your story at any time.

**Signed (Parent/Carer)**

**Relationship to participant**

**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.

For any queries, and to return this form, please contact: insert your contact details.