APPENDIX G: Consent for Photographs (TRU REB# )

Project Title: PROMISING PRACTICES IN THE ENGAGEMENT OF PEOPLE LIVING WITH OR AT-RISK FOR HIV/AIDS IN RURAL CANADA

It has been explained to me that photographs are being taken as part of a research project and may be used in public. (Please check off the box that you agree with. Signing the form means you also understand this. You may cross out any boxes or lines you do not agree with).

1) I agreed to have my picture taken and/or pictures of my personal property □□

2) I agreed to have picture(s) taken of my children □

3) I agree that the photo(s) may be used in public sessions or publications that will help others understand this research□□

4) I agree that the photo(s) may be used in public sessions or publications, but only if I cannot be recognized □

5) I have the right to withdraw this agreement at a later date. □□

To do this I may contact: Dr. Lynne Duffy or her assistant. Phone free of charge at 1-XXX-XXX-XXXX

6) I have been given a contact card so that I may reach her if I change my decision. □

Print Name: ________________________________________________________________

Signature: ________________________________________________________________

Date: __________________________

Witness: ________________________________________________________________

The following will be filled in by the research team:

Description of the photo(s): ______________________________________________________
______________________________________________________________
______________________________________________________________

Photo ID numbers: ____________________________________________________________
_________________________________________________________