

Your Volunteer Biographer will:

- Provide the biography service to you in a private area of your aged care home
- Audio record your story and transcribe your words
- Review your work with you on a regular basis to be certain you approve
- Lightly edit and compile the information into a final written version and present your memories and reflections in a neatly bound booklet. One hard copy is provided. Electronic copies can be obtained on request.
- On completion of the biography:
 - Delete/dispose of all working materials in accordance with Beyond Words' policies.
 - Provide an optional and anonymous survey to evaluate my experience of Beyond Words.

As a client of *Beyond Words* (please circle)

- I CONSENT / DO NOT CONSENT **to family members having access to and reading my biography**
- I CONSENT / DO NOT CONSENT **to Beyond Words having a sample copy of my biography for training and promotional purposes**
- I CONSENT / DO NOT CONSENT **for my family members to assist me in supplying photographs for my biography if needed**
- I understand that:
 - All draft materials (including the voice recordings) will be destroyed.
 - Information is routinely shared between the biographer and their Volunteer Coordinator.
 - Information disclosed during biography sessions may be disclosed to an appropriate authority if the biographer and/or Volunteer Coordinator reasonably believes there is immediate risk of harm to others or disclosure of serious illegal activity.

Client _____
Print Name Signature Date

OR

On Client's behalf: _____
Print Name Signature Date

Relationship to the client: _____

Please return this form to records@beyondwords.org.au

Multimedia Consent Form

We seek your consent to use your image as well as your feedback on our service in our publications. Please indicate which areas you would be happy for your image and your feedback to be used:

Internal Newsletter (sent to current and past biographers and external interested parties)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Media/Website article	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marketing materials (website/brochure/flyers/external newsletter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree for my feedback* to be used as a testimonial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree for my first name to be used with my photo or testimonial	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Feedback can be provided verbally to your biographer or via the online survey on our website.*

I agree that:

- my image and comments may be used in Beyond Words publications, social media or electronic materials/media for an indefinite period of time.
- this consent remains valid unless I request in writing for it to be withdrawn. Any such request is to be sent to Beyond Words at info@thebiographyprogram.org.au

I also agree not to hold Beyond Words, or any of its employees or volunteers, responsible for any outcomes that may result from the use of my image/comments for approved purposes for Beyond Words, now or in the future.

Name: _____
Print Name Signature Date

Contact information: _____
Residence OR Phone / Email

Please circle: Client / Volunteer / Family Member / Aged Care Staff

OR

on Client's behalf: _____
Print Name Signature Date

Relationship to client: _____

Contact information: _____
Phone or Email

BEYOND WORDS REPRESENTATIVE/WITNESS

I have explained to the participant/guardian the reason for consent and the option to opt out in writing.

Volunteer: _____
Print Name Signature Date

Please email completed form to records@beyondwords.org.au