

# One Great Town

## Participant Consent Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ NSW 2587 Telephone \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

I hereby consent to being involved in the One Great Town program and agree to allow my personal details, as shown above, to be made available for the express purposes of receiving Birthday/Christmas and other cards and to being involved in an oral history program or other activities that may be offered from time to time. I can elect to opt out of this program at any time. In all other respects I understand that my personal details will remain confidential.

Oral History and other programs offered

Cards Program

Please tick the boxes to confirm consent

I also consent to my photograph being used in publicity and social marketing campaigns to promote One Great Town YES/NO (Please circle)

Signed \_\_\_\_\_ Date \_\_\_\_\_