

Recording/Video Name	
Interviewer Name	
Interviewer Organisation	
Date of Recording	
Recording Location	
Name of Interviewee	
Recording File Name	

Interviewer Declaration

I declare that I have made every effort to follow the **Champions Project Recording Ethics**.

Interviewer Signature:

.....

Introduction

DEN is an organisation (company) that is trying to help people in Tasmania learn about drugs, and prevent and reduce the risk of harm from drugs. This recording and form is part of the Drug Education Network (DEN)'s Champions Project, which aims to help reduce stigma (bad labels) around drugs like alcohol and tobacco. The project is about sharing positive stories about people who are doing helpful things in Tasmania about preventing and reducing the risk of harm from drug use.

Recordings can be a powerful way to show people the whole story, to give lots of important information, and to help people make healthy changes in their lives. But when these recordings are made, it's important to make sure that everybody is safe, healthy and happy, and that nobody is made to feel sad, embarrassed, or is put in danger because of the recording.

This form is to make sure that everybody in the recording understands what their part or job is, and that their health and safety is looked after during the process. It lets the people being recorded make rules, so that they can be in charge of their own wellbeing and safety.

The recording is done with the help from the **Champions Project Plain Language Recording Ethics**, which is a document to help the people making the recording (who we call the Interviewer) and make sure they take care of everyone.

The finished form is kept following the rules of DEN's Privacy Policy, with the final copy of the recording, and the information in this form is only shared with the people making the recording and DEN.

You can request a copy of the **Champions Project Plain Language Recording Ethics** from your interviewer, or you can read and download a copy from www.den.org.au/resources.

If you would like to read about DEN's privacy policy, you can visit www.den.org.au/privacy.

Participation in Recording

I am 18 years old or older.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know who is recording me and why.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am freely choosing to take part, and I understand that it is okay for me to say 'no' to a request or to stop at any time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I can say no to answering any question.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand what the project is, how my information will be used, and what the risks are.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If I had any questions, they have all been answered as much as I want.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that "use" can mean remaking, showing to lots of people, and storing it for a long time. I understand it might mean the whole recording, or parts of it. I understand that it could be shown on TV, radio, in books, on the internet, or things that haven't been invented yet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that any use by the company DEN will follow the rules I make on this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand even though I can set rules and DEN will follow them, there is a chance that other people can find and use the recordings without following the rules.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that DEN will try their hardest to stop other people using the recordings without following the rules.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand I can set rules on how this recording is done, and how it is used after.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that if something changes and I want to stop the finished recording being used or shared, I should talk to DEN and they will do their best to do what I ask.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Consent and Restrictions on Recording

I give permission for the use of photos of me, either alone or with other people, on the Drug Education Network's PPEI Website (everybodys.business), Facebook page, or on other Social media like Twitter.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the use of photos of me, either alone or with other people, in promotional material (like flyers) or publications (like books) made by the Drug Education Network as part of the PPEI Champions Project.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the use of these recordings in the Drug Education Network's PPEI Champions Project.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the filming, recording and use of my face/image.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the filming, recording and use of my voice.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my interview to be written down and used for a video or audio recording where someone else says my words.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for my interview to be written down and only used in books or other types of written information.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the use of my full name as written below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the use of part of my name as written below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the use of my alias (nickname, tag, username, persona, handle) as written below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the Drug Education Network to use these recordings for other reasons, now and any time in the future, as long as they follow the rules in this form.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the Drug Education Network to let other people use these recordings, as long as those people follow the rules in this form.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Here are my rules for using this recording:

I understand and freely agree to the rules and information in this form.

Interviewee:

Full name

Signed: _____

Date: _____

Legal Guardian

(if interviewee under 18)

Full Name

Signed: _____

Date: _____

Interviewer:

Full Name

School/College/Community/Sports Group/etc

Signed: _____

Date: _____

**Drug Education Network
Representative**

Full Name

Position

Signed: _____

Date: _____