



CARE International Secretariat Invitation to Tender

Safeguarding and Communications Consultancy

Review of CARE International's Image and Consent policy and preparation a of Communications and Safeguarding package, including guidance for CARE staff, to ensure safe, ethical content gathering and communication for all.

Location: Remote

Duration: 18 days, over 5 weeks (suggested)

Ref:

1. Background

CARE International is a 75-year-old global confederation working to fight poverty and social injustice in the world, with a specific focus on the empowerment of women and girls. We work side-by-side with communities to understand the root causes of poverty and find innovative, locally led solutions. CARE seeks to demonstrate the results and methodologies used in our projects to ensure transparency and accountability and advance the quality of our work.

To use stories and images of people affected by humanitarian crises or of CARE program participants – also called here Subjects -, CARE strives to ensure that they are fully informed as to what their stories and/or images will be used for and any implications this may have for them. This is first and foremost for ethical reasons, to ensure full respect for the Subject's privacy, safety, and security. Regarding minors – people under the age of 18 -, CARE should do everything possible to protect them from harm when collecting stories and photos. The same applies to people with vulnerabilities, such as, for example, subjects who are HIV positive and might not want this fact to be known, survivors of gender-based violence, or those speaking out against political parties/movements etc.

CARE already has a comprehensive *Policy and Guidelines for Consent to use Images and Stories* (in Annex to this document) that should serve as a guiding document for the Consultant.

2. Purpose

The objective is to review and update the existing CI Images and Consent policy, prepare a guidance document/tool kit to explain how to implement the policy, and revise the informed consent forms. Focus should be on informed consent, providing greater clarity around the conditions under which exceptions [for consent] can be made in emergencies; a simpler informed consent form that is better adapted to use in programmes and emergency situations; a section on the withdrawal of consent; an informed consent form specifically for children, and those with a lower literacy rate; and the creation of an implementation framework that provides practical guidance on how to implement the CI Images and Consent Policy, for CARE communicators/external consultant photographers & videographers whilst working in programming locations, with programme participants.

3. Deliverables

List of the specific outputs or results to be produced:

- Review the existing *CI Images and Consent Policy, Guidelines for Consent and Consent forms* and strengthen all where needed, specifically, the rules applying to gathering informed consent in emergencies and the withdrawal of consent.
- A new, maximum one-page consent form each for i) adults ii) children iii) those with low literacy levels
- Guidelines/tool kit that explains how to implement the CI Images and Consent Policy and gives practical interview and content collection guidance for communicators, and contracted



consultants who interact with program participants. This document must contain a strong, detailed section on how to gain informed consent from people with vulnerabilities and in high-risk situations, such as the aftermath of major natural disasters and armed conflict areas, and how to gain informed consent.

4. Activities

- Undertake research into similar policies/practical guidelines in the sector and specifically at peer organisations to ensure sector-wide standards are being applied at CARE.
- Liaise with CARE’s Safeguarding Coordinator, Senior Humanitarian Communications Coordinator, and other resource persons as appropriate to seek guidance on practices and needs in terms of content collection and publication, with a particular focus on challenges during humanitarian emergencies.

5. Resources and or sources of information

- CARE International Stories and Images Consent Policy (November2018) ([Annex 1](#))
- [CARE International Safeguarding Policy](#)

Internal Key stakeholders

- Communications teams
- Safeguarding Personnel
- Legal teams

6. Timeframe and Deadlines

Number of days: 18

	Activity
1.	Conduct desk-based research to understand and bring in best practice and standards on policies, consent forms, and guidance/tools.
2.	Develop a line of questions and conduct key informant interview externally and internally on best practice. With internal informants, also discuss how CARE’s existing policy and forms need improving.
3.	Share findings and recommendations for changes to policy and consent forms with the CI Safeguarding Coordinator for discussion and agreement.
4.	Draft 1 st revision of the policy and consent forms (for adults, children, and those with low literacy) and share with key stakeholders.
5.	Consolidate feedback and finalise amendments to the policy and consent forms.
6.	Present the finalised policy and consent forms to CI Safeguarding coordinator and other key stakeholders for final agreement on outcome of the revised policy and consent forms.
7.	Prepare Guidance document/tool kit on ‘how to implement the CI Images and Content Policy’, including ‘how to gain informed consent from adults, children (and their care givers)’, and those with low literacy levels
8.	Seek feedback from relevant stakeholders on guidance note. Finalise guidance document/toolkit for implementing the CI Safeguarding Policy
9.	Finalise and share revised Safeguarding and Communications package (CI Images and Consent Policy, Guidance note/tool kit, and Informed Consent Forms)



9. Budget

- Maximum budget 10,000 CHF

10. Profile of Consultant

- Global media professional, or Safeguarding Professional with minimum five years' experience working in humanitarian focused organisation,
- Specific knowledge of safeguarding and consent/communication policies in a humanitarian organisation.
- Previous experience in drafting similar policies in a humanitarian environment a distinct advantage.
- Ability to work with a wide variety of key stakeholders, managing competing priorities.

11. Safeguarding

CARE International is committed to preventing all unwanted behaviour and all forms of misconduct at work, including fraud and corruption and sexual harassment, exploitation and abuse, and child abuse. Everyone who works and consults for CARE is expected to share this commitment and abide by CARE International's Safeguarding Policy and our Safeguarding Code and Conduct.

CARE International is committed to a safe recruitment process to help attract and appoint the right consultant for the role and responsibilities set out in the Terms of Reference. All offers for consultancy will be subject to satisfactory references and appropriate screening checks, which can include criminal records and terrorism finance checks. We will seek at least two references, one of which must be your most recent employer. By applying, you confirm your understanding and agreement with these checks.

12. Instructions for Tenders

Tenders must be received by 24th March

Tenders should include the following:

- A proposal and budget for how the piece of work will be undertaken. This must include proposed timeframe for achieving the consultancy deliverables included in the Terms of Reference.
- CV or Company details demonstrating relevant experience and skills.
- Name and contact details for at least two referees.
- Tenders should be submitted by email Georgie Lund, CI Safeguarding Coordinator (lund@careinternational.org) by 24th March.



Annex 1

CARE International



CONSENT TO USE STORIES AND IMAGES

POLICY AND GUIDELINES

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EXPLANATION OF POLICY

CARE uses the photos and stories of our beneficiaries [Subjects] in our marketing, fundraising and communications materials, on our website and social media channels, in direct mail appeals and through other channels.

In addition, we may provide photos, videos and stories to corporate partners or institutional donors for their communications about CARE. On occasion, CARE's communications assets have been used by corporate partners as a means of promoting their relationship with CARE.

While the level of business risk may differ between use by CARE and commercial use, the legal and ethical issues around ensuring that Subjects are fully informed as to the planned purpose of materials that depict their likeness, and agree [consent] to these uses, are essentially the same.

This policy applies to all persons working for the CARE International confederation. This includes all CARE staff and consultants who are contracted or deployed by a CARE International office, and contractors representing CARE.

What the Policy Requires:

Consent must be **informed**. While legally, a signature or mark is important, the policy requires that all Subjects be told, in a clear manner, how any materials may be used in a way that ensures that they fully understand the implications. In the case of use by CARE, the Subject(s) – once fully informed - can give consent orally in certain exceptional circumstances, but written consent in the form of a signature or mark is the policy standard.

If the materials are to be used by a corporate partner, consent must be documented. Documented consent is also always required if the Subject is below the age of 18 (a Minor) or is considered vulnerable; such as people living with HIV/AIDS, survivors of female genital



cutting, internally displaced persons, survivors of gender-based violence and others who, if their identity were revealed, could be subject to harassment, discrimination or other negative consequences.

If a group of Subjects consent, each member of the group can either sign individually, or a representative of the group can sign, or mark (with an “X” or thumbprint), on the signature page. In the latter case, this must be supported by a note confirming group approval from the CARE Staff or CARE consultant gathering the stories and interviews [Interviewer] or photographer/videographer [Photographer].

This policy must be followed in conjunction with **Standards for the Use of Words** and **Standards for the Use of Images** in the [CARE Brand Standards](#) and communications guidance in the [CARE International Communications Handbook](#) to ensure that the interviewer/photographer respects the dignity of Subjects, abides by CARE's core values and stays in line with CARE's global brand.

Exceptional circumstances: It is understood that in some exceptional circumstances, implementation of this policy might be impractical. This includes, but is not limited to:

- emergency settings where people are on the move or under stress and where signing of a document may imply CARE assistance;
- cases of conflict or political instability, where the gathering of names may be seen as a threat;
- communities where people may be wary of signing a document, but who still understand and consent to CARE's use of the story/images.
- materials gathered by third parties including donors and journalists (see under 'policy statement' below)

In such cases, verbal consent is sufficient, and the Interviewer/Photographer should indicate on the consent form that verbal consent was given with a short sentence on why written consent was not possible.

Why Obtain Consent?

Respect for Subjects: The key reason to obtain consent from Subjects, such as program participants/beneficiaries, is to ensure that Subjects are fully informed as to what their stories and/or images will be used for and any implications this may have for them. For example, when a photographer requests consent orally or by gesture, it may not always be clear to the Subject what the use of the photo or interview may be beyond that moment. The consent form required by this policy fully explains possible use, and allows the Subject to object to certain types of use, or to edit out parts of their story. For example, though a Subject may be okay with CARE using their photo generally, he or she may not be okay with having their HIV status widely known.

Business Need: CARE's corporate partners often want to use our photos, videos and stories, and require written consent at an absolute minimum, and may also obligate CARE to indemnify the corporate partner from future claims by the Subject regarding the use of likeness and story. No corporate partner wants to engage in a legal claim from unreleased photos, and such a



problem could damage the corporate relationship. Accordingly, it is easier to actively promote CARE's stories and pictures to prospective corporate partners when we have appropriate consent in place.

Marketing Flexibility: There is more flexibility for corporate partners to use CARE photos, videos and stories and for a wider variety of purposes if they are accompanied by consent. Without consent, this flexibility is lost and the content can be rendered unusable.

Minors: CARE should do everything possible to protect Minors (under the age of 18) from harm when collecting stories and photos. The Stories and Images Consent Policy builds on existing CARE policies around the involvement of Minors in [advocacy and public relations efforts](#).

Public Relations: A public dispute between CARE and a Subject could harm CARE's public reputation if consent to use their likeness or story was not obtained. Similarly, it is likely that if a corporate partner faced a claim arising from the use of CARE's photos, videos or stories, they would expect CARE to defend them. This would put CARE in a difficult position between the Subject and the corporate partner, potentially damaging both relationships.

Legal Risk: Many countries protect the use of a person's name, likeness or story and allow them to sue if their personal information is 'misused' in any way. Without clear informed consent procedures, a Subject may be unaware, for example, that their images and stories might be used for fundraising purposes. A peer NGO dealt with this issue when a beneficiary saw a calendar with their image hanging on the NGO's office wall. The NGO ended up settling the case with the beneficiary for an undisclosed sum.

CARE's Stories & Images Consent Policy aims to minimize legal risks, but cannot eliminate them entirely. This policy tries to balance practical and business considerations with legal and public relations risks. For instance, because of practical and business considerations, the consent form is brief. It demonstrates that CARE has made every effort to fully inform the subject, while also asking for and understanding the Subject's wishes and any limitations they may have on the use of materials, before signing or marking. Making this effort will protect against a legal claim and avoid public relations issues both for CARE and for our partners.

CARE's global policy does not require a Certificate of Appreciation or token of acknowledgement be given as standard to subjects. However, some laws may require a more detailed consent form or something of greater value be exchanged. For this reason, some corporate partners may insist that CARE provide a small gift of thanks (e.g., printed copies of the Subject's photos or a small "gathering of appreciation" with refreshments), to the community being photographed or interviewed. Each CARE office should familiarize themselves with the relevant laws in their country; if and where the local law calls for a different form of acknowledgement, the CARE office should take steps to ensure that the local law is followed (and document how and why the form of acknowledgement was provided). Under no circumstances should financial reward be offered in 'exchange' for participation.



POLICY STATEMENT

- This policy applies to all persons working for the CARE International confederation. This includes all CARE staff and consultants who are contracted or deployed by a CARE International office, and contractors representing CARE, regarding the collection and use of human interest stories and associated images or videos of our project participants/beneficiaries.
- This policy is applicable to the gathering of any likeness of Subjects not employed or contracted by CARE. Likeness includes:
 - Personal stories
 - Personal information (i.e. private address/location, relationships)
 - Interviews written or recorded
 - Photographs
 - Videos recordings
 - Audio recordings
- Breach of this policy may result in disciplinary action, including dismissal.
- For third parties (media visits or donors), all such visitors must be informed of our policy concerning consent and other related policies (see [here](#) and [here](#)), and advised that any contradiction of these policies will mean that the materials cannot be attributed to CARE. In this case, CARE staff should also explain verbally to the Subject who the third party visitor is, what the visitor is there to do, and how the Subject's information will be used. CARE staff are also responsible for properly briefing the visitor about general rules of engagement with the communities we work in.

The two consent forms attached in Appendix A (Consent to Use My Likeness and Story: ADULT) and Appendix B (Consent to Use My Likeness and Story: MINOR) should be used in conjunction with this Policy. Consent forms are also available for download [here](#).

• **Subjects Must Consent:** All Subject(s) must agree that we may use their story, descriptive facts, images or audio/video recording – although they may stipulate specific exceptions (see next bullet below). Descriptive facts include elements such as the Subject's name, age, location and other information about his/her situation, including state of illness, abuse or other conditions, as well as his/her connection with CARE's programming. We strongly recommend that written consent to use a Subject's image, story or personal information be obtained whenever the Subject is **clearly** identifiable. We recognize, however, that there will be circumstances when it may be impractical or impossible to obtain written consent from every Subject, particularly when there are several Subjects captured in a single photo. In such cases, there is a risk that failure to obtain written consent may render the image unusable as per Section 1(j) below. As such, it is strongly recommended that decisions not to obtain written consents from Subjects who are clearly identifiable be limited to exceptional circumstances (see under 'Explanation of Policy' for more details on exceptional circumstances).



- **Protection of Vulnerable Populations:** It is especially important for “vulnerable populations” to understand that their story/image may be made public. This might include, but is not limited to, people living with HIV/AIDS, participants in female genital cutting, internally displaced persons, survivors of gender-based violence, ex-combatants and others who, if their identity were revealed, could be subject to harassment, discrimination or other negative consequences. Minors (considered under age 18, according to the United Nations Convention on the Rights of the Child) should automatically be considered part of vulnerable populations (see section 1(d) below for more information). **The CARE International Communications Involving Survivors of Gender-based violence Policy and Guidelines** must be followed when interviewing/photographing survivors of gender-based violence.

- **Ensure Privacy, Respect and Dignity:** The explanation about the use of the stories/images by CARE or third parties in a manner that ensures that the Subject fully understands what they are consenting to, is the most critical component of this policy. It is intended to protect the Subject’s rights to privacy, respect and dignity, and to ensure that CARE is being open and transparent about our potential use of the materials. It is helpful if the CARE staff, Interviewer or Photographer has a sample of publicity material on hand so that the Subject can better understand the planned use.

1) GENERAL REQUIREMENTS – ALL SITUATIONS

a) Informed consent: It must always be fully explained to Subjects that any stories/images collected may be used by CARE to illustrate to the public our emergency and long-term programs, for the purpose of soliciting financial support of our mission. These materials may appear in CARE publications, press releases, advertisements in any medium, our websites, social media channels (i.e. Facebook, Youtube, Twitter etc.) and/or other communications channels. The Consent form should be read and explained to the Subject in the Subject’s language, if s/he cannot read it. Ideally, the Consent form should also be translated into the Subject’s language.

b) Written Consent: In most circumstances, a signed release is required documenting the Subject’s understanding of CARE’s potential use of his/her story/image and consent. In situations where the Subject cannot sign his/her name, s/he should write a mark or provide a fingerprint on the release form.

c) Verbal consent: Verbal consent is permitted in case of exceptional circumstances, as outlined in the Explanation of Policy on page 1. In the case of verbal consent, the Interviewer/Photographer should still complete a Consent form, including the Subject’s name and indicating that verbal consent was given and briefly explaining why written consent was not given.

d) Minors: If the Subject is a minor (under 18 years old), the minor’s parent or guardian must first be fully informed before signing on behalf of the minor. If a parent or guardian is not available, another adult in authority (such as teacher, mentor, community elder, etc.), who is believed to have the minor’s best interests in mind, may sign instead, and provide a clear indication of his/her relation to the child. If a child’s identity is known, and their location is traceable (or they are contactable online), they could be at risk. The levels of risk depend on what the context is, but as a general rule, you should always remove one of the ‘three pillars of risk’ – face/identity, exact location and name, removing two or three if they are considered high risk (e.g. if the child is currently or formerly associated with an armed group, or a survivor of sexual assault). If a decision to change the name of a vulnerable Minor is made, this must



be clearly articulated in the materials, including associated captions, metadata information and notes, by using an asterix * and noting **Name has been changed to protect identity*. This information must also be included in any current or future archive or database housing the materials (More information is available in the [Involving Children in Advocacy and PR Policy](#) and the [CARE International Communications Involving Survivors of Gender-based violence Policy and Guidelines](#)).

e) Conditions regarding use of Subject's Materials: If the Subject declines CARE's use of any information s/he provides, or includes other stipulations, these should be specified on the Consent form and CARE will abide by those wishes. For example, if an HIV-positive individual agrees to our use of his/her story and image, but does not want his/her name or precise location revealed, that must be clearly indicated on the Consent form, and the story submission (including relevant meta data fields or text descriptions for images) must also clearly convey this requirement. (In the example above, the original story submission should omit the individual's name/location or use a pseudonym, with the omission clearly noted).

f) Revocation of Consent: All subjects maintain the right to revoke prior consent at any time. To better ensure proper action is taken, a subject who wishes to revoke consent must, personally or through the assistance of a legal representative, notify CARE of their request in writing and provide adequate information to clearly identify the subject in CARE materials and archives. The revocation of consent will be in effect as of the date of receipt of proper notification. Uses prior to that date will remain consented and cannot be rescinded.

g) Subject's Copy: Upon request, the Subject should be provided a blank copy of the consent s/he signed, ideally translated to a language the Subject can read.

h) Signature of CARE Interviewer/Photographer: The person (usually Interviewer, Photographer, or affiliated CARE Staff) who explained the Consent form to the Subject must sign and print his/her name on the form.

i) Record Keeping: All consent forms should be filed and maintained by the communications or marketing department at the relevant CARE office, and stored in a central location accessible to all those who may use the materials. All photos, videos and stories should clearly indicate (e.g., in the caption information of a photo, or in the accompanying description of a story/video) whether a consent form has been signed or not, with a link to the relevant consent form. When uploading photos to our global photo database ([CAREimages.org](#)), it is strongly encouraged that an image of the consent form(s) is uploaded also.

j) Failure to Secure Consent: Failure to secure a proper release or other documentation (as described above) may leave CARE unable to use the material. CARE reserves the right to reject any photo, video, story or other work obtained without proper consent. Images not supported by consent forms may only be used after an evaluation of potential risks and sign off by appropriate managers.

2) USE BY THIRD PARTIES, INCLUDING OTHER CARE MEMBERS OR CARE MEMBER PARTNERS

a) Written Consent Required: Stories/images are to be limited to use as outlined in the Consent Form.



b) Use to Promote CARE Mission: If at the time of obtaining consent commercial use by a third party is anticipated, a revised consent form prepared and/or reviewed by CARE's Legal Department should be used.

GUIDELINES

IMPLEMENTING THE POLICY AND WHAT TO HAVE READY

1. Before leaving to obtain stories/photos/videos:

i. Read the Consent form and absorb the main points:

- What the Subject will release (photo, video, story).
- For any use.
- By CARE or others.
- Sensitive information (e.g., HIV status) requires special consent.
- Consent involving Minors require extra steps (informed consent from an adult, for example.), it is advisable to remove one of the 'three pillars of risk' for Minors in general (face/identity, exact location and/or name), and two if the Minor is considered "high risk."

ii. Understand clearly how to properly complete the document

iii. Bring with you:

- Many copies of the consent form (enough to leave blank copies if requested).
- Sample(s) of possible uses (annual report, advertisement, website screenshot, etc.).
- A person who speaks the local language (a translator).
- An ink pad for thumbprints (check with CO to see if ink pads are already available locally)

iv. Have the translator absorb the main points and clearly understand how the form is to be properly completed.

2. At the story collection/photo/video shoot:

i. You and/or the translator:

- Explain the consent form to all potential Subjects in their language. Explain how we might use their Materials and show samples if available.
- Provide a written translated copy for the subject to read, if able.
- Answer any questions.
- Write down on the consent form any sensitive information the Subject is okay with CARE/third parties using, such as HIV/AIDS status, survivors of gender-based violence, internally displaced, female genital cutting, etc., as well as any sensitive information the Subject does NOT want disclosed.
- The person who explained the consent form writes their name and signs the form in the box at the bottom of the form.



- Gather printed name (ensure correct spelling and ensure writing is legible) and signatures, marks or thumb print from the Subject on the consent form.
- Record any key identifying traits of the person (i.e. orange head scarf, girl with braids, man with blue shirt) to help connect the consent form to the person in the image.
- If any Subjects want a copy of the consent form, give a blank copy to them.

ii. If the Subject:

- Refuses all photos, videos, stories: Do not take their photo/video/story.
- Provides only verbal consent (does not sign): Only CARE can use photo/video/story. Indicate on the consent form that the Subject gave verbal consent, and briefly explain why they declined to give written consent.
- Is a Minor: Ask who their parent or guardian is, and explain the consent form. Get a parent's signature as well. If there is no parent, ask knowledgeable community member to identify who should sign as guardian/representative (e.g., teacher).
- Is a large group consenting: Each member of the group can sign the form, OR the group representative can sign on behalf of the group. If a group representative signs on behalf of the group, the interviewer should indicate this on the consent form.
- If some decline parts of the consent, use a separate form for them.

3. After the story gathering/photo/video shoot:

- I. Send all consent forms to the communications/marketing department at the relevant CARE office, along with photos, video, captions, story information, etc. Note: CARE may not be able to use photos, videos or stories that do not have consent.
- II. Ensure all materials clearly indicate if verbal/written consent has been given or not, and include a link or notation of where the original consent form can be located (e.g., in the caption, or in the description or introduction to a story/video).
- III. Ensure all supporting written material (interview notes, meta data and caption/descriptive text) is aligned within the parameters of the consent given by the Subject
- IV. Ensure copies (and originals) of consent forms are properly archived, physically and digitally, per the established procedures of the relevant CARE office. When uploading photos to our global photo database (CAREimages.org), it is strongly encouraged that an image of the consent form(s) is uploaded also.



CONSENT TO USE MY LIKENESS AND INTERVIEWS – ADULT

I give CARE International, its representatives and agents, the absolute right and permission, as described below, to use **information and other materials, including without limitation, my name, location, age, my statements, a personal interview, my image, and any voice recording, including excerpts of such information.** This information is known as my “Materials”.

My Materials may be used, including editing, by CARE and, with CARE permission, OTHER COMPANIES, PERSONS OR GROUPS that partner with CARE to promote CARE’s mission.

I understand that the materials will be used for any use. I understand that my consent or refusal will not affect the funding to this project.

I understand that my materials may be used in printed materials, on the internet and other electronic media, video and audio recordings and other media, for any period of time and anywhere in the world.

I understand that my Consent may only be revoked by written notice and will only apply going forward from the date notice was received.

I am providing my Consent because in order to help CARE further its mission.

I understand that if CARE receives money or other value for my Material, CARE will use it in its work to help others around the world overcome poverty and provide assistance in humanitarian emergencies.

I understand that I will not review or approve the draft or final product resulting from the use of my Materials.

I am of adult age and have every right to contract with CARE.

I have read, or I have been read, this consent before signing it. I understand this consent.

Signature of Subject/Group representative: _____

Name of Subject: _____

Location: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY INTERVIEWER/PHOTOGRAPHER:

Key identifying traits (i.e. orange headscarf, to match photo to Subject):

Additional information or conditions that must be applied to the provided consent for the use of the person’s materials (e.g., inclusion/omission of sensitive details):

I certify that I presented this consent form, or read this consent form in full, to the person whose signature appears above, and have witnessed the mark or signature of such person.

Signature of interviewer/photographer/translator: _____ **Name printed:** _____

NOTE: If the interviewer/photographer does not obtain written consent, please complete and sign above, indicating that verbal consent was obtained; and why written consent wasn’t given.



I agree to the use of my materials (such as photo, statement, name, address, age, and voice recording), as set forth in the preceding CARE International "Consent to Use My Likeness and Interviews," revised 7/01/2018.

Location:

Date:

1.	Signature:	Description:
	Printed Name:	

2.	Signature:	Description:
	Printed Name:	

3.	Signature:	Description:
	Printed Name:	

4.	Signature:	Description:
	Printed Name: :	

5.	Signature:	Description:
	Printed Name:	

6.	Signature:	Description:
	Printed Name:	

7.	Signature:	Description:
	Printed Name:	

8.	Signature:	Description:
	Printed Name:	



CONSENT TO USE MY LIKENESS AND INTERVIEWS – MINOR (PERSON UNDER 18)

I and my Parent or Guardian give CARE International, its representatives and agents, the absolute right and permission, as described below, to use **information and other materials, including without limitation, my name, location, age, my statements, a personal interview, my image, and any voice recording, including excerpts of such information.** This information is known as my “Materials”.

My Materials may be used, including editing, by CARE and, with CARE permission, OTHER COMPANIES, PERSONS OR GROUPS that partner with CARE to promote CARE’s mission.

I understand that the materials will be used for any use. I understand that my consent or refusal to consent will not affect the funding to this project.

I understand that my materials may be used in printed materials, on the internet and other electronic media, video and audio recordings and other media, for any period of time and anywhere in the world.

I understand that my Consent may only be revoked by written notice and will only apply going forward from the date notice was received.

I am providing my Consent because in order to help CARE further its mission.

I understand that if CARE receives money or other value for my Material, CARE will use it in its work to help others around the world overcome poverty and provide assistance in humanitarian emergencies.

I understand that I will not review or approve the draft or final product resulting from the use of my Materials.

I am of adult age and have every right to contract with CARE.

I have read, or I have been read, this consent before signing it, and I understand this consent.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Relationship to child: _____

Name of child: _____ **Age of child:** _____

THIS SECTION TO BE COMPLETED BY INTERVIEWER/PHOTOGRAPHER:

Key identifying traits (i.e. orange headscarf, to match photo to Subject):

Additional information or conditions that must be applied to the provided consent for the use of the person’s materials (e.g., inclusion/omission of sensitive details):

I certify that I presented this consent form, or read this consent form in full, to the person whose signature appears above, and have witnessed the mark or signature of such person.

Signature of interviewer/photographer/translator: **Name printed:**



NOTE: If the interviewer/photographer does not obtain written consent, please complete and sign above, indicating that verbal consent was obtained; and why written consent wasn't given.

I agree to the use of my materials (such as photo, statement, name, address, age, and voice recording), as set forth in the preceding CARE International "Consent to Use My Likeness and Interviews," revised 7/01/2018.

Location:

Date:

1.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name:

2.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name:

3.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name:

4.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name:

5.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name:

6.	Name of child:	Age of child:
	Description:	
	Signature:	Printed Name: