

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: \_\_\_\_\_

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The following will be filled in by the research team:

Description of the photo(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photo ID numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_