



## **Consent Form**

## Title of the study: Glasgow Women's Library: A Transformative Service Space

Your story is a unique and invaluable part of history. We want to make sure that it is well looked after and that it can be used as a public resource in the future. The purpose of this agreement is to ensure that your contribution is added to the collections of Glasgow Women's Library and used in the University of Strathclyde research project in accordance to your wishes.

I have read and understood the Participant Information Sheet for the project and my queries have been answered to my satisfaction.	YES / NO
I consent to being a participant in the project.	YES / NO
I consent to being audio recorded as part of the project. If you don't feel comfortable with this, please let us know.	YES / NO
May the stated recording(s), photograph(s) and interview transcriptions be used by Glasgow Women's Library and the researchers for research, consultation and archive purposes?	YES / NO
May a copy of the stated recording(s)/photograph(s)/transcription be made for the use of readers of the library and other interested parties?	YES / NO
May your recording be transcribed by a transcription service?	YES / NO
May the stated recording(s)/photograph(s)/transcription be used by Glasgow Women's Library and the researchers for educational purposes, including talks, written	YES / NO
publications, exhibitions, broadcasts and website?	YES / NO
Would you like your name as the contributor to be used (you can choose to be anonymous)?	YES / NO
If yes, how would you like it to appear?	
May our volunteers, with written permission from Glasgow Women's Library, use the stated recording(s)/photograph(s) for their research and/or non-commercial purposes?	YES / NO





Do you wish to add any other instructions or restrictions in relation to your contribution?		
If yes, please give details:		NO
		_
I horoby assign the convright in my	contribution to Glasgow Women's Library. I un	doretand
that it will be stored and used as def		uerstand
Name:		
Signature of Participant:	Date:	
Signature:	Date:	
Name (in block capitals):		
Address:		
Email:	Tel:	