



Final release approval

I have seen a draft version of my Patient Voices digital story: _____

and I am happy for the story to be finalised and released under the Creative Commons licence.

I consent to the use of my story as part of the Patient Voices programme.

I understand that the intention of the Patient Voices programme is to make the Patient Voices stories available as an educational, research and learning resource.

I understand that Pilgrim Projects Limited can have no control over, or liability for, how they are ultimately used.

I agree to the inclusion of my story in the library of Patient Voices digital stories and to it being made available by Pilgrim Projects Limited, including via CD, DVD and the Internet.

I assign the copyright of this story to Pilgrim Projects Limited.

I have obtained all necessary permissions from others who have appeared in, or contributed to, my story.

Storyteller	
Name	
Address	
Telephone	
Email	
Date of birth	
Signed	
Date	

Parent/Guardian (if storyteller under 18, or otherwise necessary)	
Name	
Address	
Telephone	
Email	
Signed	
Date	

Please return to:

The Patient Voices Programme
Pilgrim Projects Limited
91 Waterbeach Road
Landbeach
Cambridge CB25 9FA, UK

Tel: +44 (0)208 1234 684

Email: pip@pilgrimprojects.co.uk

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