

Interim Release Approval

The title of my story is: _____

- ☐ I am happy for the draft of my story to undergo post-production work; I understand that I will have the opportunity to review and approve my story before it is released.
- ☐ I am happy for the draft of my story to be shown by Pilgrim Projects/Patient Voices staff.
- ☐ I am happy for my draft story to be shared via a private page on the Patient Voices/Pilgrim Projects website(s).
- ☐ I am happy for my story to be shared with other members of my own workshop group.
- ☐ I consent to the use of feedback and comments made during the workshop or on the evaluation form in reports, research, papers or presentations about the Patient Voices programme and/or workshop process.
- ☐ I am happy for my story to be used under the following conditions:

- _____
- ☐ I wish my story to remain confidential.

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

FN									
----	--	--	--	--	--	--	--	--	--

CN				
----	--	--	--	--