# Annex 13. Photography subject consent form

**This consent form is used in the context of the assessment of public health challenges in artisanal and small-scale gold mining communities and local health system readiness to respond in [country]**

My name is [name] and I am a [public health staff, social or community mobilizer] from the institution [name of institution]. We would like to take a picture of you in the context of a study on health issues and behaviours in your community. The study is conducted in collaboration between the [ministry of health], the World Health Organization (WHO), and the Swiss Tropical and Public Health Institute. The goal of the study is to assess the health situation of artisanal and small-scale gold miners, their families and other community members.

**Contact person:** If you have any questions regarding this study, you may contact: ­

## Certificate of consent

By signing this form, I hereby grant to the Swiss Tropical and Public Health Institute the right to use these images, in whole or in part, for reporting on the project. The use of the pictures is limited to featuring pictures in project reports and potentially resulting guidance documents, as well as for presenting the project at workshops or meetings. By communicating the research to other researchers, health personnel and stakeholders, they will be informed about the conditions in mining communities in [country] and can plan further research or policy changes. Furthermore, the Swiss Tropical and Public Health Institute may use the photos strictly for teaching purposes. All the pictures available in electronic form and showing an individual in an unfavourable situation (e.g. illegal mining, child labour, stigmatizing disease) will be anonymized. This means that if a face is visible, a bar across the eyes will prevent the recognition of an individual.

I understand that these images will be used in an appropriate and respectful manner. I confirm that these images were taken with my knowledge and consent.

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| **Place and date:** | **Place and date:** |
| Name of person 1 in photo:  Child under 18:  (optional) Yes, the Swiss Tropical and Public Health Institute has permission to use my name in corresponding captions or text that appear with my image. | Interviewer’s full name: |
| Signature or thumb print (subject of photograph):  If child under 18:  Signature or thumb print of parent or guardian:  Or signature or thumb print of literate witness: | Interviewer’s signature: |

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| **Place and date:** | **Place and date:** |
| Name of person 2 in photo:  Child under 18:  (optional) Yes, the Swiss Tropical and Public Health Institute has permission to use my name in corresponding captions or text that appear with my image. | Interviewer’s full name: |
| Signature or thumb print (subject of photograph):  If child under 18:  Signature or thumb print of parent or guardian:  Or signature or thumb print of literate witness: | Interviewer’s signature: |

|  |  |
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| **Place and date:** | **Place and date:** |
| Name of person 3 in photo:  Child under 18:  (optional) Yes, the Swiss Tropical and Public Health Institute has permission to use my name in corresponding captions or text that appear with my image. | Interviewer’s full name: |
| Signature or thumb print (subject of photograph):  If child under 18:  Signature or thumb print of parent or guardian:  Or signature or thumb print of literate witness: | Interviewer’s signature: |