



Consent form: Talking to journalists about your personal information



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About this document



This is an Easy Read **consent form** from **Whaikaha – Ministry of Disabled People**.



Whaikaha – Ministry of Disabled People is a part of the New Zealand Government that is:

- working with other government agencies to better support disabled people
- making disability support services better.



We / us in this Easy Read document means **Whaikaha – Ministry of Disabled People**.



A **consent form** is a document you fill in to show you:

- understand what is being asked
- agree to what is being asked.



You have been given this consent form to fill out because a **journalist** wants to ask us for information about you.



A **journalist** is someone who finds out things for news stories.

Journalists usually work for **media outlets** like:

- newspapers
- television news
- radio news.



What you are agreeing to



Signing this consent form means you agree to let us give the journalist information about you that is to do with:

- the story they are working on
- the questions they ask us.



We will only tell the journalist things about you that are to do with:

- the story they are working on
- the questions they ask us.



You can ask the journalist to see what information we have sent them about you.



You do not need to fill out this form if you do not want us to share your information.

Filling out this form for someone else



You can ask someone else to fill out this form with you.



If you have someone fill out the form for you they will need to have a **written authority to act**.



A **written authority to act** is a document that says you are allowed to agree to things for someone else.



The written authority to act document must be signed by:

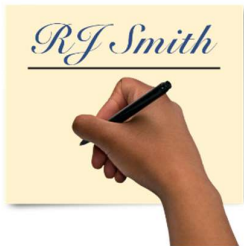
- you
- the person acting on your behalf.

Consent form



Please fill out the form by:

- writing your information on the dotted lines
- signing your full name at the end of the form.

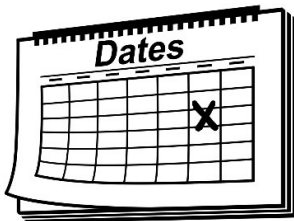


Tell us about you



Your full name:

.....



When you were born:

.....



The address you live at:

.....

.....

.....



Your phone number:

.....



Your email address:

.....

Tell us about the journalist



Name of the journalist:

.....



Name of the company the journalist works for:

.....

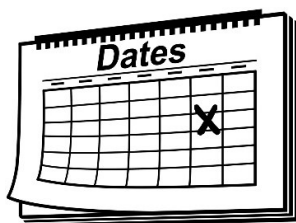


By signing this you give your consent for Whaikaha to talk about you with the journalist you have named.



Your signature:

.....



The date you signed this form:

.....



This information has been written by
Whaikaha – Ministry of Disabled People.



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