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| --- | --- | --- | --- | --- | --- | --- | --- |
| Consent to Use Images medical and personal information  |  |  |  |  | | --- | --- | --- | --- | | Candidate ID Number: | |  | | | Case Study Number: | Case Study 1 🞏 Case Study 2 🞏 | |   I understand that the service provider (the candidate) is participating in a wheelchair service delivery assessment process, the Intermediate Skills Assessment for the International Society of Wheelchair Professionals (ISWP).  I understand that as part of the assessment, she/he must submit an example of their work which will include information and photographs of wheelchair users.  I hereby agree for my information and photographs to be used for this purposes.  I understand that the information and photographs will be submitted to ISWP by the candidate and viewed by evaluators and ISWP staff.  I understand that the following personal information will be included:   * Age * Gender * Medical conditions * Function related to the wheelchair * Body measurements.   To ensure my privacy the following information will not be included:   * My name * My home address * All personal contact information such telephone and fax numbers, and e-mail address   I understand that the candidate will conceal my identity, by editing the images to block out my face;  Any questions about the use or acquisition of these images should be directed to [casestudies.iswp@gmail.com](mailto:casestudies.iswp@gmail.com)  By signing below, I acknowledge that:   * I am at least 18 years of age * Have read or been explained the information above in a language I understand * and understood this consent form prior to signing it. * I have been allowed to ask questions and all my questions have been answered to my satisfaction   Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature or Thumbprint:  Date (day/month/year): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  ***If under 18 years of age, unable to make own decisions or unable to communicate please have a parent or guardian provide consent:***  Name of guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature or Thumbprint:  Date (day/month/year): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |