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| Consent to Use Images medical and personal information

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| 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.comBy 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): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |