

World Vision Photo/Video/Story/Content Informed Consent Form

This form establishes that subject(s) gave informed consent to a story, photo, video or content recorded by or for World Vision. The reporter, photographer or videographer should complete this top section on the day informed consent is given, and is then required to file the form with the material captured. Otherwise the content cannot be processed and used, and the effort is wasted. For more information on Communications Safeguarding Guidance: <https://wvi365.sharepoint.com/sites/Communications/SitePages/Communications-Safeguarding-Guidelines.aspx>

Name of reporter, photographer or videographer (print): JOLIE KAVIRA KAHAMBU

Office and phone number: +243997284711

Date: 04/12/2024 Place: CENTRE DE SANTE BUHIMBA

Content, story, video or photo(s) related to this consent form: DIALOGUE NUTRITIONNEL AVEC LES FEMMES ALLAITANTES DE L'AIR DE SANTE DE BUHIMBA/ ADULTES

Primary story subject(s) should complete this section: I voluntarily grant World Vision () and their affiliates, agents and contractors (together known as "World Vision") permission to publish content, photographs, videos or audio recordings taken of me and/or comments I expressed in our interview on

RECOLTE DES DONNEES at BUHIMBA

for communications purposes such as editorials, advertisements and promotions for use in any communications channel such as print, television, radio, electronic media or the Internet, without the payment of compensation of any kind. I agree that World Vision will own the copyrights to these materials, and is allowed to store, use and share these materials without any time limitations (subject to all applicable laws).

By signing below, I acknowledge that I have read and/or understand the terms of this consent.

If I later decide to withdraw my consent, I can do so and World Vision International and World Vision () will remove my content from their databases and make reasonable efforts to prevent their affiliates, agents and contractors from further using this content. I also understand World Vision International and World Vision () cannot limit the circulation of materials that have already been publicly released.

Consent captured on

Signature: [Signature] Date: 04/12/2024 video (please upload with story content)

Print name: GRACE KANJI RA

Verbal consent given

Address, phone number (if applicable):

09951 86 223

Optional: Thumbprint

Consent captured on video is not a replacement for filling in this form but is only a replacement to signing or thumbprinting the form

Responsible adult/ parent/guardian of children age 18 or younger must sign below*:
video with story content(please upload)

Responsible adult signature: [Signature]

[Signature]

Date: 4/12/2024

Print child's name: _____ Relationship to child _____

Optional: Thumbprint

Consent captured on

Verbal consent given

*Unaccompanied children age 18 or younger must also sign this form, and a risk assessment should be conducted before submitting content to story.

Contact World Vision

If you have questions about the use of your content, story and images or would like to withdraw your consent, please contact us.

World Vision (_____)
Communications Department

Contact name: JOLIE RAVIERA

Office address: COMA

Office phone #: 1943 997-2847-11

Email address of reporter: jolie.kahamba@wvi.org