OUR REEF StORIES

INTERVIEW & MULTI-MEDIA CONSENT FORM

Purpose: To agree and share information as participants in the Reef Trust Partnership Agreement as part of implementing the Traditional Owner Strategy to Communicate and proactively telling your story.

Part A: Details of person being interviewed

Name:		
Contact Number (work or mobile) :	Date:	
Email:	·	
Address:	State:	Postcode:
Name of Traditional Owner Group:		
Name of Organisation:	Position:	
In Case of Emergency – Next of Kin #1 Name:		
Contact Number (work or mobile):	Phone:	
Email:		
In Case of Emergency – Next of Kin #2 Name:		
Contact Number (work or mobile):	Phone:	
Email:		
Part B: Project/Program funded by Reef Trust Partnersh	ip/GBRF (Tick Box)	
Strategy to communicate		INTERNAL
Crown-of-Thorns Starfish control (COTS)/Reef Restora (RRAS) (Healing Country Grants)	tion & Adaptation Science	INTERVEW AND MULTI-MEDIA CONSENT TORM
Integrated Monitoring & Reporting (IMR) (Strong Peop	oles-Strong Country)	The Division of the Control of the C
Healthy Water (Healthy Water Grant Program)		
Other:		K
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INDIGENOUS CULTURAL & INTELLECTUAL PROPERTY (ICIP)

This interview will only focus on caring for Country activities funded by the Australian Government's Reef Trust and Great Barrier Reef Foundation and acknowledge your INDIGENOUS CULTURAL & INTELLECTUAL PROPERTY (ICIP) is based on the principle of self-determination to protect the following:

- Right to protect Traditional Knowledge, laws/Lore, customary obligations, sacred cultural material (E.g., to protect knowledge or stories connected to men or women business, sacred sites of cultural importance such as burial sites, artifacts with sacred importance not for public viewing, etc.)
- Right to control the recording of cultural customs and expressions, and language which may be essential to cultural
 identity, knowledge, skill and teaching about Indigenous culture and control of the recording of cultural customs and
 expressions, language that may be important to cultural identity, knowledge, skill and teaching about Indigenous culture.
- Right to control the recording of cultural customs and expressions, and language which may be essential to cultural identity, knowledge, skill, and teaching about Indigenous culture (E.g., to protect stories that can only be given or shared by a cultural story keeper for a particular area, stories shared on general knowledge of an area, and all rights to that story remain with the Traditional Owner Elder or person who has permission to share the story, acknowledgement of Traditional Ownership of a story or Traditional Cultural activity for that area.)

Part C: The following has been explained to me (please read and tick)	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
$\ \square$ I understand that I will not receive any payments for participating in this projection	ect interview.
□ I understand that I can withdraw permission to use data from my interview at in which case the material will be deleted. I also understand that to withdraw Request To Remove Data Form. If permission is withdrawn during the intervie To Remove Data Form at the time of interview.	my data, I need to fill out the one-page
$\hfill \square$ I understand that I have the right to decline to answer any question or I can s	top the interview at any time.
$\hfill \square$ I understand that all information I provide for this project will be treated conf	identially.
☐ I understand the GBRF will not identify me by name without my permission in obtained from this interview and that my confidentiality as a participant in the	_
\square I have read and understood the project explanation provided to me.	
\square I have been given a copy of this consent form.	
 I can request a copy of my interview and related materials and may make any are represented correctly. 	edits I feel necessary to ensure my views
I understand that I will have the opportunity to review the materials created users correctly represented before I give final approval to publish the materials	
$\ \square$ I agree that GBRF may publish documents and/or materials that contain quo	tations by me.
Part D: I consent to the following (tick box)	
☐ I am aware that photos and images taken during this process will be identifiant proper recognition.	ably tagged and credited to ensure
Audio-visual recording of any part of or all project activities.	
☐ Photo images of myself to be used in any part of or all project activities.	
Audio-visual recording of any part of or all project activities of my child/child	ren under the age of 16 (if applicable).
Name of child under 16, (you must be the primary care giver):	Age:
Part E: Condition and Signature	
The information covered by this consent form and will be used only for the inten Data Sovereignty Form / Data Sharing & Return Agreement. It will not be used be those providing critical services to create and deliver project materials.	· ·
☐ I understand that I grant these rights and permission commencing /	/ for 5 (five) years.
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	equest to Remove Data Form'.
	ries Signature and Date:
Participant Signature and Date: Our Reef Sto	neo orginatare arra bate.





