

FORM 1: Informed Consent Information for Oral History Interview Participants

Disclaimer: The below documents are offered as no more than a guide to best practice and do not constitute formal legal advice. Please consult an attorney if you require formal legal advice. While every effort has been made to ensure the accuracy of the information brought together here from a wide variety of sources and experience the Oral History Association, we cannot accept liability for any consequences which may result from the use of this information for any purpose. Please seek further legal advice if needed.

Invitation to Participate

You are being asked to participate in an [oral history] interview about [enter topic]

Purpose

This interview is intended to gather information about_____. Your interviewer will use the information you supply as part of the oral history interview in research papers, book chapters and educational resources. on_____. Your interview content may also be used in podcasts, conference presentations, creative outputs such as plays, poetry or creative writing or other outputs.

With your consent, your oral history interview file (an audio recording, a print index of the main topics covered in the interview, and possibly a print transcript of the interview) will be made available as an online digital resource. Your interview will also be placed in the (name) archive, where future researchers may access it.

Procedure

All research should seek to do good and your health and wellbeing is uppermost for us as oral historians. Participation in the oral history interview is entirely voluntarily. The interviewer will have specific questions to ask on the topic being researched. If there are things you would like to talk about that the interviewer does not ask you about, you should feel free to raise those topics. If you do not wish to answer a question or address a specific topic, please just let your interviewer know. The oral history interview may take up to 60 minutes. If you feel tired or unwell at any point during the interview, please let your interviewer know so you can take a break. Generally, people who take part in an oral history interview report the positive benefits of sharing their memories. But please let your interviewer know if recalling your memories is upsetting in any way. Also, the interview can be suspended at any time at your request and/or reconvened at a time to suit.

Your oral history interview will be recorded. The interviewer will run the recording equipment and keep notes.

When the oral history interview is over, you will be asked to sign a “deed of gift” (a copy of the deed of gift is attached to this sheet). The deed of gift does three things: 1. It says you consented to doing the interview and having it recorded. 2. It gives your interviewer and permission to use information you supplied in the interview. [3. It gives your instructions for the interviewer and (the organization) on how to store your interview and how future researchers can access your interview.]

Optional: You will receive an audio CD of your interview for your own use. You may make copies of the interview and distribute them as you like.

Risks

Your health and wellbeing is very important to us as we record your oral history. There are no known risks to your health and wellbeing associated with this interview. In fact, we hope you enjoy sharing your memories with us. If some of the topics or questions that arise during the interview could make you uncomfortable, you are free to refuse to answer any question. You are free to redirect the interview away from topics you do not wish to discuss. You are free to keep private any information that you may feel is personal or sensitive.

Confidentiality

In order to contribute to the research on (insert theme), contents of the oral history interview will not be kept confidential. With your consent the interviewer can quote from the [oral history interview in research papers, conference presentations, books chapters, play extracts or all the sound recording in full and make your interview available on line for others to listen to. The oral history interview will be made available in its entirety to other researchers at the (insert name of organization).

Controlling Access to Your Interview Recording

The deed of gift the interview asks you to sign after the oral history interview allows you to control how both the interviewer and future researchers can access and use your interview. See the deed of gift (attached to this sheet) for further details. Please ask your interviewer if you have any questions about the deed of gift.

Benefits

There are no direct benefits to you associated with this [oral history] interview, but your participation will contribute to our knowledge of (insert topic). That said, we do hope you enjoy sharing your memories with us as part of this project and that it proves to be a pleasurable and insightful experience for you.

Withdrawal

Your participation in this [oral history] interview is entirely voluntary. You may stop the [oral history] interview at any time. The recording of your [oral history] interview will be archived following your instructions, and it will be destroyed if you request this to be done on the deed of gift form.

Optional clause: I understand that my participation is voluntary and that I am free to withdraw from this research project up to 4 weeks after the completion of this interview i.e. on or before (insert date):

_____	_____	_____
Name of interviewee	Signature of interviewee	Date
_____	_____	_____
Name of oral historian	Signature of oral historian	Date

Amended from [William and Mary Libraries](#)

FORM 2: DEED OF GIFT: TO BE COMPLETED AFTER THE INTERVIEW

Deed of Gift for [Oral History] Interview Recordings

I, _____, do hereby give to the [name of interviewer] OR [name of organisation] all right, title or interest in the recorded [oral] interviews conducted by _____ on _____, and I grant to [name of interviewer] OR [name of organisation] all of the rights I possess in these recordings (and transcripts of same), including all intellectual property rights. This gift does not preclude any use that I may make of the information in these recordings.

[I also understand that, subject to instructions specified below, these recordings and transcripts will be held by/in (name of organization) will be accessible to researchers; and may be used in public presentations including, but not limited to, research reports, audio and visual documentaries, world wide web sites, exhibits, or publication.]

Please initial next to ONE of the lines below:

_____ Recordings and transcripts may be used without restriction. This means the recording of your oral history and other interview materials will be available via the World Wide Web.

_____ Recordings and transcripts are subject to the restrictions as specified on the addendum to this deed.

Please sign below:

SIGNATURE OF INTERVIEWEE DATE

PRINTED NAME OF INTERVIEWEE

Address Phone Number

Interviewer Consent

I also understand the above details concerning storage and use of this oral history interview, and consent to these terms and for my name to be used in full in relation to any form of publication stemming from this recording and its transcript.

SIGNATURE OF INTERVIEWEE

DATE

PRINTED NAME OF INTERVIEWEE

SIGNATURE OF INTERVIEWER

DATE

PRINTED NAME OF INTERVIEWER

DATE

If you would like to place restrictions on how your [oral history] interview materials may be stored and used, please give us instructions below. We have supplied guidelines for common ways in which interviews are sometimes restricted. **Please initial any categories of restriction you would like to apply.**

Restrictions on Access to [Oral] Interview Materials

Because of computers and the World Wide Web, it is possible to make your [oral] interview materials available to virtually anyone in the world.

If such wide access makes you uncomfortable, there are two ways you can control access to your [oral history] interview materials:

_____ Materials may be made accessible on the internet accessible only by people associated with (name of organization) This means only people formally associated with the College, or members of the public could access your oral history interview online.

_____ Materials may be made accessible to researchers at (name of organisation) only. This means only people who come to (name of organization) could access your [oral history] interview.

_____ After _____ years my [oral history] interview may be made generally accessible via the World Wide Web.

Modified from [‘Deed of gift’ exemplar](#) produced by William and Mary Libraries

NB: REMEMBER TO SIGN TWO COPIES OF INFORMED CONSENT AND DEED OF GIFT FORM: ONE FOR YOUR INTERVIEWEE TO KEEP AND THE OTHER FOR OUR RECORDS.

FORM 3: (NAME OF ORGANISATION) INTERVIEW DATA COLLECTION SHEETTo be completed by **the** Interviewer in consultation with the Interviewee(s).

Title		Previous Name	
Forename(s)		Occupation	
Surname		Gender	
Date and place of birth			

Date(s) of recording	
Location(s) of interview	
Name of interviewer	
Type of recorder	
Recording format	
Number of tracks	
Mono/Stereo	
Total duration [XX:XX:XX]	

Recording notes (e.g. background noise, audio quality)
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Please tick which of the following are supplied:

Content Summary (mandatory)	<input type="checkbox"/>	Photograph	<input type="checkbox"/>
Permission and assignment of copyright form (mandatory)	<input type="checkbox"/>	Other related items (list overleaf)	<input type="checkbox"/>
Verbatim transcript (optional)	<input type="checkbox"/>	<i>Insert Ref No/catalogue ref.</i>	<input type="checkbox"/>
Name of transcriber	<input type="checkbox"/>		<input type="checkbox"/>

FORM 4: PERMISSION TO USE PHOTOS

TITLE OF RESEARCH STUDY:

Photographs taken of you would be used to add interest and exemplify the research findings. For example, they may be used as illustrations in website summaries, research reports, summary leaflets, newspapers articles and/or conference presentations. They will not be used in any way that would show you in a bad light.

To be completed by the participant:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I agree to have my photograph taken. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I understand that my questionnaire responses will not be linked to the photograph(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that my name will not be linked to the photograph(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that I will not be given credit for my appearance in photograph(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I give the project team permission to: | | |
| - put my photograph(s) on websites | <input type="checkbox"/> | <input type="checkbox"/> |
| - use my photograph(s) in printed material (e.g. reports, leaflets, newspaper articles, news releases) | <input type="checkbox"/> | <input type="checkbox"/> |
| - use my photograph(s) in presentations (e.g. at conferences or seminars) | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of participant: _____ **Date:** _____

Name of participant (block letters): _____

Signature of investigator: _____ **Date:** _____

(Name, address, contact number of investigator)