



## Declaration of consent

I, the undersigned, grant permission for Endometriosis Australia Ltd to publish, both in print and electronic format, and in all languages, the following materials pertaining to myself \* in their publications:

Material to be used (please state, e.g. case study, transcript of interview, photograph [please give figure number(s)] etc.): .....

(Please tick one of the following two options)

- I agree to have the material published with my name attached.
- I would like the material to be published without my name attached and the author/editor and the publisher to make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed and it is possible that, for example, someone who looked after me or a relative may identify me. Endometriosis Australia Ltd may wish to use the material to help promote the published material (e.g. on social media).

Please tick this box if you DO NOT want the material to be used for promotional purposes

I understand that while I am at liberty to revoke my consent and have material pertaining to me removed at a reasonable time prior to publication, this is not possible once publication has taken place.

Signed: .....

Date: .../.../.....

Name and address: .....  
.....

\*If the signatory is anyone other than the client (e.g. parent, other relative or guardian signing on their behalf) please give details here:

.....  
.....

Endometriosis Australia