

Consent Form for Sharing Personal Stories

Introduction-Pakistan Institute of Living and Learning

The Pakistan Institute of Living and Learning (PILL) is a research-based organization working to improve physical and emotional health in communities across Pakistan. Through evidence-based, culturally sensitive programs, PILL addresses key health challenges including maternal and child health, mental well-being, chronic illness, and cancer recovery. We work closely with local communities and global partners to ensure real-world impact.

About the Defeat Cancer Platform

Defeat Cancer is a public awareness and survivor engagement platform by PILL. It promotes early detection, emotional support, and public education through real survivor stories. Stories are featured on our website and shared across social media—Facebook, Instagram, YouTube and more—to raise awareness and offer hope to others.

Purpose

We invite you to share your personal story with the Defeat Cancer team to raise awareness and support others affected by cancer. Your story will be used for publication on our website, social media platforms, campaign materials, and related awareness initiatives. We are honored that you've chosen to share your story with the **Defeat Cancer** campaign. Your voice is powerful, and we are committed to using it with care and respect to raise awareness and inspire others.

Permissions and Understanding			
Name of Participant	Phone Number	Email	Social Media Handles
By signing below, you confirm that:			
1	You are voluntarily sharing your story with the Defeat Cancer team.		
2	You give permission for your story to be published on the Defeat Cancer website, social media platforms, campaign materials, and related awareness initiatives.		
3	<p>You give permission for your story to be published and edited for clarity, grammar or length while maintaining your voice and message. You will review the edited version before publication.</p> <p><i>Note: If you submit your story as an audio or voice note, it will be transcribed into written form and shared with you for approval before publishing.</i></p>		
4	Your story will be translated into English or Urdu for our bilingual website and you will approve the translated version before publication.		
5	<p>If we introduce translations into regional languages in the future, do you give permission for your story to be translated and published in any of the following languages that you understand and can approve?</p> <p><i>Please select all that apply:</i></p> <p>☐ Punjabi</p> <p>☐ Sindhi</p> <p>☐ Pashto</p>		

	☐ Balochi ☐ Other (please specify): _____ ☐ I do not want my story translated into any regional language	
6	Your story or parts of it will be reused in future awareness campaigns, educational materials and social media platforms.	
7	If you have provided any images, photos or videos with your story, please indicate your preference: ☐ Yes, I give permission for my images, photos, and videos to be used. ☐ No, I do not want my images, photos, or videos to be used Note: We may also use general images—such as landscapes, objects, or AI-generated visuals—for illustrative purposes. These will not be presented as personal or identifying images of you.	
8	You have the right to request changes, updates or removal of your story. We will act on such requests within one month, acknowledging that digital and social media may have already shared or saved your story beyond our control. To request changes or removal, please email us at: survivor.stories@pill.org.pk	
9	Your story matters, and so does your comfort. To protect your privacy, you can choose whether to share your real name or use a pseudonym (a made-up name). Please select one option below: ☐ I am comfortable using my full real name. ☐ I would prefer to remain anonymous and use a pseudonym. (<i>A pseudonym is a made-up name or alias that helps protect your identity while still allowing you to share your story.</i>)	
10	Two copies of this consent form will be completed: one for you to keep, and one to be retained by our team.	
By signing below, you confirm that you have read, understood and agree to the terms outlined in this informed consent form.		
Name of Participant		Date
Signature / Thumb Impression		
Name of the person taking consent		Date
Signature		
If this form was read aloud or explained to the participant, please confirm:		
Name of person who explained the form		Date
Signature		