

Your consent

We need to ask for your consent to use the information that you share with us. It is important that you understand what we are asking you to agree to, so if you do have any questions about consent then please contact us on writtenaccounts@iicsa.org.uk or call 0800 917 1000.

Name:

Contact details:

If you'd prefer us not to contact you again after you've sent us your experience in writing, please let us know.

Please tick this box if you DO NOT want any further contact from the Truth Project

Sharing information with the police
(you must complete this section)

The Inquiry must tell the police about all allegations of child abuse that are shared with us. We will only pass on your contact details to the police if you say we can do that. However, we may need to pass on your details without your agreement to the police or local authority if we think there is a current child protection concern or someone is at risk of serious harm.

In addition to allegations of child abuse, it may sometimes be necessary for the Inquiry to tell the police about other very serious offences that are shared with us.

Do you give consent for us to provide your name and contact details to the police?

Yes No

If yes, how would you prefer the police to contact you initially?

Please use the box below to set out any other contact preferences should the police get in touch (e.g. male or female police officer, preferred days/times).

If you are already in contact with a police force and you would like us to tell the police this when we make our referral, please include the information below.

The Truth Project cannot guarantee that these preferences will be followed by the police. However, we will pass on all your requests and ask that they are followed.

Publishing anonymised summaries of experiences shared
(you must complete this section)

We would also like to turn your experience into an anonymised summary that we may publish on our website or alongside our reports. [You can see previously published experiences shared on our website.](#)

Your personal details will not be published, and we'll make sure that no-one is able to identify you from the narrative.

Do you give consent for us to publish your experience summary anonymously?

Yes No

Using your information in our research
(you must complete this section)

We will use the information about your experience that you have provided to help us understand child sexual abuse. This means that we may use your information to conduct research while the Inquiry is ongoing. Some of our research reports may include direct quotes from participants from experiences shared, and will be published, but none of your personal details will be used.

Please tick this box if you DO NOT want us to use your information for our research

Information about you

If you would like to tell us some details about yourself, we would like to know some of the information below.

Date of Birth: _____

Gender:

- Female Other
 Male Prefer not to say

Where do you live?

- North East East Midlands
 South East West Midlands
 North West London
 South West UK (not England/Wales)
 East of England Overseas
 Yorkshire and the Humber Other (please specify): _____
 Wales Prefer not to say

How would you describe your ethnicity?

- White** **Asian / Asian British**
 English / Welsh / Scottish / Northern Irish / British Indian
 Irish Pakistani
 Gypsy or Irish Traveller Bangladeshi
 Other white background Chinese
 Other Asian background
 Mixed / multiple ethnic groups **Black / African / Caribbean / Black British**
 White and Black Caribbean African
 White and Black African Caribbean
 White and Asian Other Black / African / Caribbean background
 Other mixed background **Arab**
 Other ethnic group
 Unknown
 Prefer not to say

How would you describe your sexual orientation /sexual preference?

- Heterosexual/straight Bisexual
 Gay woman/lesbian Other
 Gay man Prefer not to say

Are your day-to-day activities limited because you have a health problem, illness or disability?

- Yes No
- Vision (for example, blindness or partial sight) Learning, understanding or concentrating
 Hearing (for example, deafness or partial hearing) Memory
 Mobility (for example, difficulty walking or climbing stairs) Mental health
 Dexterity (for example, lifting or carrying objects or using a keyboard) Stamina, breathing or fatigue
 Social or behavioural (for example, autistic spectrum, attention deficit disorder)
 Other
 Prefer not to say

Were you affected by the health problem, illness or disability at the time you were sexually abused?

- Yes No

Thank you for sharing your contact details and other personal information with the Independent Inquiry into Child Sexual Abuse. We will store your personal information securely and delete it at the close of the Inquiry. The personal information you give us may be processed by organisations working for us or on our behalf. This includes staff engaged in the provision of support services.

In line with legislation, you can request to see the information we hold about you, or ask for it to be deleted at any time. Please contact the data protection officer at dpo@iicsa.org.uk or send your request to **Freepost IICSA Independent Inquiry.**