



Midwifery Museum Consent Form

I hereby consent to my oral history being used in the Midwifery Museum Oral History Exhibition and on the Midwifery Museum website.

I understand that my voice recording may be played in the museum and on the Midwifery Museum website.

I understand that my midwifery oral history will be public and copyright will be with the midwifery museum.

I confirm that I have not included any details that breach client confidentiality or identify or implicate my employer.

Name:

Signed

Date: