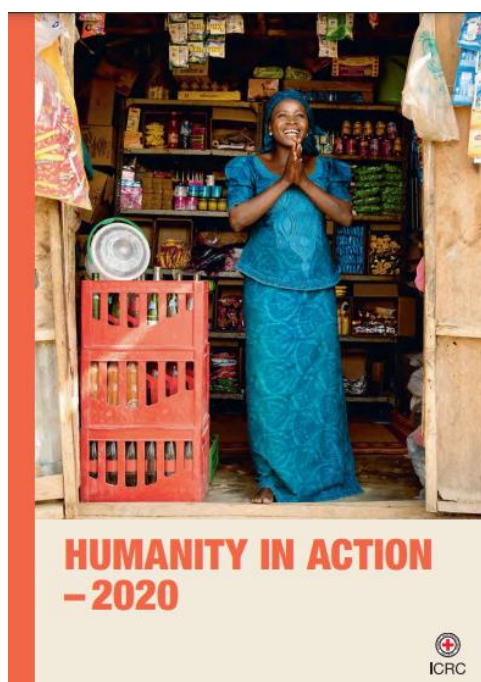


Informed Consent Form: Adult	知情同意书（成人）
Prior to content gathering, please:	在收集内容之前，请注意：
<ul style="list-style-type: none"> Pages 4 and 5 are the consent form – print in duplication 	<ul style="list-style-type: none"> 本文件第 4 页和第 5 页是同意书，需打印一式两份
<ul style="list-style-type: none"> - one copy stays with the person interviewed/filmed/photographed 	<ul style="list-style-type: none"> - 其中一份由受访者/拍摄对象保存
<ul style="list-style-type: none"> - second copy must be stored with the footage/photos in the <u>MediaHub</u>. 	<ul style="list-style-type: none"> - 另一份必须在<u>媒体中心</u>与相关视频/照片一同存档
<ul style="list-style-type: none"> Pages 1, 2 and 3 guide you how to explain the process of giving consent 	<ul style="list-style-type: none"> 本文件第 1、2、3 页就如何解释给予同意的过程提供了指引
<ul style="list-style-type: none"> Please add the appropriate information where indicated and ensure this form is in the appropriate language 	<ul style="list-style-type: none"> 请在需要填写信息处写明所需信息，并确保本文件采用正确的语言版本。
<p>This consent form should help people feel more at ease, build trust, inform them of their rights, and enhance the community's perception of the ICRC. Informed consent is needed in almost every scenario. See the ICRC's content-gathering guidelines for clarity</p>	<p>本同意书应有助于使受访者/拍摄对象感到更加轻松、与其建立信任、向其告知相关权利，并加强社区对红十字国际委员会的认识。几乎在所有情况下都需要获得知情同意。具体解释详见红十字国际委员会内容收集指南。</p>
Checklist:	核查清单：
<input type="checkbox"/> Ensure the contributor is in a comfortable location.	<input type="checkbox"/> 确保受访者处在舒适的环境中。
If the interview will include sensitive information, ensure that you have enough privacy.	如采访会涉及敏感信息，请务必确保采访地点具有充分的私密性。
<input type="checkbox"/> Introduce yourself and the interpreter. Check that the contributor understands the interpreter and is comfortable with them doing the interpretation.	<input type="checkbox"/> 向受访者进行自我介绍，并介绍口译员。确认受访者能够听懂口译员的翻译，且接受口译员在采访期间进行口译。
<input type="checkbox"/> Explain the reason why you are there.	<input type="checkbox"/> 向受访者解释来访原因。
<input type="checkbox"/> Go through the text of the consent form. Pause when indicated to see if the contributor has questions or would like you to repeat.	<input type="checkbox"/> 通读同意书。在受访者示意时暂停，回答受访者的问题，或依受访者的要求重复未听清的部分。
<input type="checkbox"/> Make sure to include any context specific safety concerns so that the contributor fully understands the potential risks of telling their story.	<input type="checkbox"/> 确保根据实际情况，加入任何可能存在的安全关切，使受访者能够充分理解讲述自身经历可能面临的潜在风险。
<input type="checkbox"/> Remind them that they can withdraw consent at any point, including during the interview.	<input type="checkbox"/> 提醒受访者可随时（包括采访期间）撤销同意。
<input type="checkbox"/> Ask if they have any questions or concerns.	<input type="checkbox"/> 询问受访者是否有问题或顾虑。

<input type="checkbox"/> If the contributor agrees, have them provide consent by written signature or video recording ¹ . Makes sure to go through any restrictions they request on the use of their image, voice or full name in the form below.	<input type="checkbox"/> 如果受访者同意接受采访，请他们以签名或录像 ² 的方式给予书面或口头同意。务必逐项确认下文同意书中受访者要求的关于使用其肖像、声音或全名的限制。
<input type="checkbox"/> Add the contact details at the bottom of this document for withdrawing consent or for questions/concerns.	<input type="checkbox"/> 在本文件底部填写联系方式，以便受访者撤销同意或咨询问题/关切。
<input type="checkbox"/> Upload written or video consent form in the same folder as project files into <u>the MediaHub</u> .	<input type="checkbox"/> 将同意书或口头同意视频上传至 <u>媒体中心</u> 相关项目文件的文件夹中。
Example script:	示例：
The following is an example script that you can adapt for your context and the purposes of your project.	下文示例仅供参考，可根据所在地与相关项目的目的加以调整。
Who we are:	红十字国际委员会简介：
<i>The International Committee of the Red Cross (ICRC) is a humanitarian organisation that supports people who are affected by armed conflict and violence. If you have any questions or concerns about the ICRC and its work, please ask an ICRC staff member at any point.</i>	红十字国际委员会是一个人道组织，为受武装冲突与暴力局势影响的民众提供支持。关于红十字国际委员会及其所开展的工作，如果您有任何问题或关切，请随时咨询红十字国际委员会工作人员。
<i>You can also find more information on our website: www.icrc.org</i>	如欲了解更多信息，请访问我们的网站： www.icrc.org 。
Why do we want to film or photograph you?	我们为什么要对您进行拍摄？
<i>Sharing your experience with us can help other people better understand what is happening here and in your community. The ICRC needs to make the public aware of what is happening. We also want to show how the ICRC is supporting people who have been affected by conflict and violence. We may use this content to raise money for our work. We may ask personal questions, such as your full name, location, family situation, and ask to take photos, video, audio of you. It is always your choice what and how much information you would like to share with us.</i>	与我们分享您的经历，可以帮助其他人更好地了解这里还有您所在社区的当前状况。红十字国际委员会需要让公众知晓目前的局势。我们还想向大众展示红十字国际委员会如何支持受冲突和暴力局势影响的民众。采访内容可能会用于为我们的工作筹集资金。采访期间，我们可能会询问一些个人问题，例如您的姓名、所在地、家庭情况，并提出为您拍摄照片、视频或录制音频。与我们分享哪些信息、分享多少，始终由您决定。
Where your story may appear	呈现方式
<i>These are examples of how your images/videos may be used:</i>	以下是您的照片/视频的使用示例：

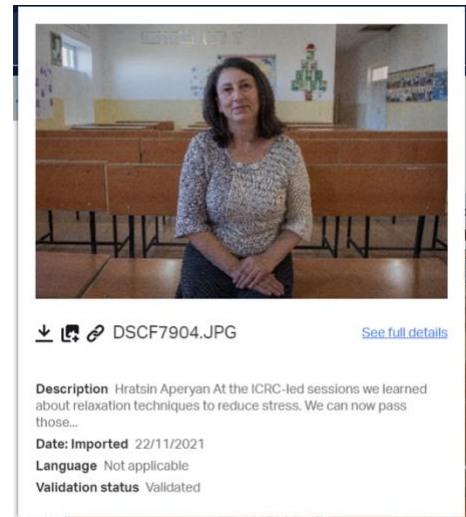
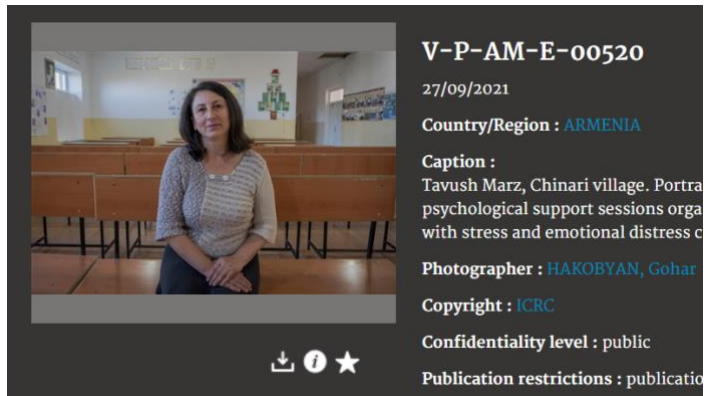
¹ Consent by video recording can be provided if the contributor is not able to, or does not feel comfortable, signing

² 在受访者不能或不愿签名的情况下可提供录制视频给予口头同意的方案。





<input type="checkbox"/> Are you happy for us to continue?	<input type="checkbox"/> 我们可以继续吗?
With who do we share your story and data?	我们会与哪些人员和机构分享您的经历与信息?
<i>General public, donors, other NGOs, or media organisations. The information we collect from you will be stored in a database managed by ICRC.</i>	公众、捐赠方、其他非政府组织或媒体机构。我们会将从您这里收集的信息储存在红十字国际委员会管理的数据库中。

Once your story is published, it will be available for any public audience to view. This may mean that the government, health or prison authorities will also view it. We want you to make the best decision for yourself on what you would like to share in your story to the public.	您的故事发布之后，所有公众都能浏览。这可能意味着政府、医疗机构或监狱机关也能看到。所以，在面向公众讲述的经历中，我们希望您从自身利益出发，决定具体分享的内容。
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Where and for how long it will be stored	信息的储存地点与时限
We may keep your photos, videos and interviews on file permanently unless you ask us to delete them from our <u>public archives</u> by email: avarchives@icrc.org or call: +41 22 730 33 55.	我们会永久保留您的照片、视频和采访档案。如需将其从我们的公共档案删除，请发送邮件至 avarchives@icrc.org 或拨打+41 22 730 33 55。
What is your say?	您可以决定哪些事项？
The ICRC is only allowed to share your experience and personal information if you give us your consent. You can tell us what information we are allowed to share. If your story contains sensitive information, you can tell us if there are parts you don't wish us to tell or share. If your identity needs to be protected, we will do everything we can to protect it and keep the story anonymous.	红十字国际委员会仅在获得您的同意之后方可分享您的经历与个人信息。您可以向我们告知哪些信息可对外公开；如讲述内容中包含敏感信息，您可以向我们告知哪些部分不希望透露或分享给他人；如需要保护您的身份，我们会竭尽全力，并匿名发布相关内容。
Even if you give us your consent today, you can choose to withdraw your consent at any time during the interview or after. It is important for you to know that the information you give us will remain internal to the ICRC until your story is published. However, after it is published, the personal information you shared with us may be reproduced, displayed and shared by others. This makes the possibility for you to delete your data more difficult.	即使您今天给予了同意，您也可以在采访期间或之后随时撤销同意。请您务必了解一点：您向我们提供的个人信息在发布前仅为红十字国际委员会内部资料，但发布后就有可能被其他人转载、展示和分享。这时，您如果想要删除信息，就会更加困难。

What are your rights?	您享有哪些权利？
<i>If you have any questions, concerns or complaints about the processing of personal information or data, contact the ICRC delegation in If your complaints cannot be resolved, they may refer you to the ICRC Data Protection Office (dpo@icrc.org) and/or the ICRC Data Protection Commission.</i>	关于个人信息或数据的处理，如果您有任何疑问、顾虑或不满，请联系红十字国际委员会.....代表处。如果您的投诉无法解决，工作人员可能会将其转交至红十字国际委员会数据保护办公室（ dpo@icrc.org ）和/或红十字国际委员会数据保护委员会。
<i>In particular, you may contact us if you want to:</i>	特别注意，如果您有以下需求，请联系我们：
<input type="checkbox"/> <i>Request access to the personal data you have provided to us;</i>	<input type="checkbox"/> 希望查阅您向我们提供的个人数据；
<input type="checkbox"/> <i>If you would like more information on how the ICRC processes your personal data;</i>	<input type="checkbox"/> 希望进一步了解红十字国际委员会如何处理您的个人数据；
<input type="checkbox"/> <i>If you wish to withdraw the consent you gave us;</i>	<input type="checkbox"/> 希望撤销同意；
<input type="checkbox"/> <i>Request that we correct or delete the personal data you have provided us.</i>	<input type="checkbox"/> 希望更正或删除您向我们提供的个人数据。
<input type="checkbox"/> Would you like me to repeat anything?	<input type="checkbox"/> 您还有没听清的内容吗？

AV Adult Consent Form - Print one copy for the ICRC, one copy for contributor	 拍摄同意书（成人）——一式两份，分别由红十字国际委员会与受访者保存 
To include: ICRC logo in relevant language	需补充: 红十字国际委员会标志 （相应语言版本）
To include: Delegation's address	需补充: 代表处地址
By signing this form:	签署本文件，即表示:
<input type="checkbox"/> I understand why you want to film / photograph me.	<input type="checkbox"/> 本人理解本次拍摄活动的目的。
<input type="checkbox"/> I understand that my participation in this interview or refusal will have no impact on the assistance/aid services I receive from ICRC.	<input type="checkbox"/> 本人理解无论本人是否同意参加此次采访，均不会影响红十字国际委员会为我提供的援助服务。
<input type="checkbox"/> I agree to being filmed, photographed and/or interviewed, without payment.	<input type="checkbox"/> 本人同意无偿接受拍摄和/或采访。
<input type="checkbox"/> I agree that this material may be used for the purposes of communicating humanitarian issues worldwide in all media, including TV, the internet and films as well as for fundraising purposes.	<input type="checkbox"/> 本人同意将采访材料通过各类媒体（包括电视、互联网和视频）用于介绍全球的人道问题，并用于筹资目的。
<input type="checkbox"/> I agree this material of me, my name, voice and biography may be used today and in the future.	<input type="checkbox"/> 本人同意现在和未来使用关于本人以及含有本人姓名、声音和经历的这一材料。
<input type="checkbox"/> I am aware that when the content is published, the ICRC cannot control how it will be used by third parties.	<input type="checkbox"/> 本人知晓相关内容发布后，红十字国际委员会将无法控制第三方使用该内容的方式。
<input type="checkbox"/> I understand I have the right to a copy of the photographs/video and to withdraw my consent at any time by contacting dpo@icrc.org or the contact detail below.	<input type="checkbox"/> 本人理解本人有权获得所拍摄的照片/视频副本，并有权随时联系 dpo@icrc.org 或使用以下联系方式撤销同意。
Restrictions:	限制条件:
I understand that I am free to set restrictions during this interview:	本人理解本人可在此次采访期间设置限制条件:
<input type="checkbox"/> I consent to the filming, recording, and use of my face/image. OR	<input type="checkbox"/> 本人同意拍摄、录制并使用本人的肖像。 或
<input type="checkbox"/> I do not consent to the filming, recording, and use of my face/image.	<input type="checkbox"/> 本人不同意拍摄、录制和使用本人的肖像。
<input type="checkbox"/> I consent to the filming, recording and use of my voice. OR	<input type="checkbox"/> 本人同意在拍摄、录制的过程中收入本人的声音，并同意使用本人的声音。 或

<input type="checkbox"/> I do not consent to the filming, recording, and use of my voice.	<input type="checkbox"/> 本人不同意在拍摄、录制的过程中收入本人的声音，且不同意使用本人的声音。
<input type="checkbox"/> I consent to the use of my full name. OR	<input type="checkbox"/> 本人同意使用本人的全名。 或
<input type="checkbox"/> I do not consent to the use of my full name.	<input type="checkbox"/> 本人不同意使用本人的全名。
Name of the contributor	受访者姓名
Signed	签名
Location and date	地点与日期
Name of the ICRC staff/ photographer/videographer	红十字国际委员会工作人员/摄影师/摄像师姓名.....
Signed	签名
Location and date	地点与日期
<i>This consent form or filmed consent should be stored with project on the Media Hub.</i>	本同意书或口头同意视频应与相关项目文件一同存储在媒体中心。
ICRC contact for consent withdrawal, questions or complaints:	如需撤销同意、进行咨询或投诉，请联系：
(You can contact us if you no longer want us to tell your story or have any questions or complaints about how your story is being told)	(如果您不再希望公开您的经历，或针对您的经历的呈现方式有任何问题或不满，请联系我们)
Email of local delegation	当地代表处邮件
Address of local delegation	当地代表处地址
Number of local delegation	当地代表处电话

Opening hours of local delegation	当地代表处工作时间
Email of local delegation	当地代表处邮件
Address of local delegation	当地代表处地址
Number of local delegation	当地代表处电话
Opening hours of local delegation	当地代表处工作时间
ICRC staff/photographer/videographer name	红十字国际委员会工作人员/摄影师/摄像 师姓名.....
Location and date	地点与日期