

**Informed Consent Form: *Voices of Disability Book Project***

Name: \_\_\_\_\_ Essay Title: \_\_\_\_\_

I am (check one): \_\_\_\_\_ a person with a disability/chronic illness  
\_\_\_\_\_ a family or friend of a person with a disability/chronic illness

**Book Project**

I invite you to take part in a book project which seeks to be an outlet for the voices of people living with disability and/or chronic illness. My hope is to collect essays written by people who identify as living with a disability and/ or living with a chronic disease describing their experience with ableism. These essay will be put together and published as a book. Taking part in this book project is entirely voluntary. You may choose to write your essays under your name or have them submitted for publication anonymously. Please feel free to send me any questions and to discuss the idea with friends and family before submitting your essay. If you decide to participate, you must sign this consent form to show that you are freely choosing to take part.

**Please initial only one (1) choice:**

- \_\_\_\_\_ Please include my name and other offered demographic information (disability, ethnicity, gender identity, etc.) in the publication of my essay.
- \_\_\_\_\_ Please only include my name in the publication of my essay.
- \_\_\_\_\_ I want to have my essay published anonymously.

**Research/Teaching**

In addition, data generated as part of your essay submission may be used for research or teaching purposes. No identifying information about you will be released for either of these purposes. Any data used for research or teaching purposes will have all identifying information removed. You may choose to not have your data be a part of research or teaching purposes by initialing below.

\_\_\_\_\_ **I do not want to have my essay used for research or teaching purposes.**

If you have any questions please feel free to reach out by phone or email!

Elizabeth Scriven

elizabeth.scriven.psyd@gmail.com

By signing this consent form here you indicate that you are voluntarily choosing to take part in this book project.

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Signature of Participant

Date

Printed Name