**PERMISSION TO USE FORM**

I consent to Donegal County Council using the film footage I have provided for the *Donegal Emigrant Working Lives in Scotland* project, exhibition and associated publicity. I understand that my submission may be edited and included in a public exhibition. I confirm that I have obtained consent from the interviewee (if different from myself) and that they understand how their contribution will be used*.*

**APPLICANT / INTERVIEWER**

Name:

Address:

Telephone:

E-mail:

🞏 If you are under 18 years of age, please tick this box

**INTERVIEWEE**

Name:

Occupation:

Location of Work:

Approximate Dates of Work:

**CONSENT**

I give consent for Donegal County Council to use the film footage provided in the Donegal Emigrant Working Lives in Scotland project, exhibition and publicity.

Name on Interviewer (please print):

Signature of Interviewer:

Date:

Name on Interviewee (please print):

Signature of Interviewee:

Date: