



Your Stories Consent Form

Contact Details

We only ask for these details so that we may contact you if needed. They are not shared without your consent and you can choose not to provide us with them.

First Name		Last Name	
Phone No. / Mobile No.			
Email Address			
Postal Address			Postcode

Story Details

Does your story have a title?

No Yes (please specify): _____

Who would you like your story to be attributed to?

First Name Anonymous Other _____

Please provide any additional words you'd like to say about your story - e.g. if it's an artwork, a description or your inspiration? (Please feel free to attach additional pages if needed)

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Consent Details

I hereby give my consent for Flourish to publish my story on their website at <https://flourishtas.org.au/your-stories>

I understand that I may withdraw my consent at any time by contacting Flourish

This submission is my own original work and I agree that I have not infringed on any copyright

Signed:		Date:	
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Please send this completed form to Flourish via email to yourstories@flourishtas.org.au or post it to us at ATTN: Your Stories, PO Box 4836, Bathurst St. PO, Hobart, TAS 7000