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**Case study to share an individual’s story, outcomes and experiences**

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| Project name: |
| **This is the story of:** |
| May we include this name if we share this story with others? Yes / No / Do not share this story |
| Form completed by: Date: |
| Contact details of the person filling in this form: |
| What was life like for you before becoming involved in the project? How did you feel? |
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| Why did you get involved? |
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| Who or what helped you? How did this help? |
|  |
| What has changed for you as a result of this project? |
|  |
| What is life like for you now? How do you feel? |
|  |
| What would you like to do next? |
|  |
| What would you say to others who are thinking of getting involved? |
|  |
| Do you have anything else to add? |
|  |

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| Thank you for being part of Time to Shine and sharing your personal experience. Please complete the consent form to let us know if we can share this information publicly. |