

# Photos/Videos/Interviews (including feedback) Consent Form

**Name of person in photo/video/interview:**

**Would you like us to use your real name?** [ ] Yes / [ ] No\*

(\*a different name will be used to keep anonymity)

**Date of photo/video/interview:** …………………………………………………

**Where photograph/film/interview was taken:** …………………………………………………………………………

**Name of Photographer or CSWS employee who took the photograph/film/interview:** …………………………………………………………………………………………

To comply with the Data Protection Act 1998, we need your permission before we can use any direct quotes or feedback from you or a person for whom you have responsibility.

**By signing this form you consent to use of your photos/videos/interview for:**

* Printed and promotional material, e.g. leaflets, booklets, posters, DVDs, Impact Report;
* Carers Support West Sussex Website/s and social media
* Exhibitions/displays;
* The photograph/film may also be used in local newspapers, television reports and on media websites.
* Internal CSWS communication channels, such as the Intranet and communication emails.
* Fundraising and fundraising activities
* **(Please delete any of the above you do not agree to)**

We will not include personal email or postal addresses, telephone or fax numbers on our website or in printed publications. We will expect to be able to use photographs/films/interview for a minimum of 1 year to a maximum of 2 years from the date of signing this form. Should you wish to change the time period we may use the photograph/film/interview, please tell us here:

……………………………………………………………………………………………………………………………………

### **Agreement**

Carers Support West Sussex owns the copyright of this photograph/film/interview. It will be used solely for the purpose/s mentioned above.

The above named person has agreed for this photograph/film/interview and any other reproductions to be used as specified. If the person wishes to withdraw their consent they may do so by writing by letter or email to:

**Communications Team**

**Carers Support West Sussex, 1-2 The Orchard, Gleneagles Court, Crawley, West Sussex, RH10 6AD**

**Email to: hello@carerssupport.org.uk**

If consent is withdrawn the Carer Communications Manager will acknowledge receipt of the request in writing by letter or email. We will delete the file from our image bank and not use it in any new material produced from the date of the letter. Material previously issued which includes the photograph/film/interview may, however, remain in circulation, but it will not be included in any further reprints.

**Signature of person in photograph/film/interview (if aged 16 or over)**

………………………………………………………………..… **Date**……………………………………

OR

**Authorised signatory (if person photographed/filmed/interviewed is aged 15 or under)**…………………………………………………………….…… **Date**……………………………………

**Relationship to person, e.g. parent/guardian/other** *(delete as appropriate)*………………………………………………………………………………………………………………

**Please provide a contact phone number or email address:**

Email: ……………………………………………………………………………………………………………....................

Phone number: …………………………………………………...................

**Would you be interested in being contacted for a follow up in the future (within 18 month period)?** [ ] Yes / [ ] No

The information requested on this form will be processed in accordance with the provisions of the Data Protection Act 1998

The information requested on this form will be processed in accordance with the provisions of the Data Protection Act 1998