**FILMING/PHOTOGRAPHY CONSENT FORM**

These images /videos will be used for South East London Integrated Care System and [insert name of other partner organisations involved in the project, if applicable] on-line and printed publicity such as: Let’s talk health and care website, SEL ICS website, social media. All images will be stored securely and will not be kept for longer than they are needed for the purposes listed above. We would like your permission to use your photos - to do this, please complete the form below.

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| **Member of the public full name** |  |
| **Member of the public email address** |  |
| **Member of the public phone number** |  |
| I give permission for my interview/photograph/video recording to be taken by the organisation mentioned below | Yes |
| No |
| I consent to the South East London Integrated Care System using photographs and/or video recordings of me taken for [insert name of Campaign / programme]. I understand that the images will be used as part of the general imagery on-line and/or printed.  | Yes |
| No |
| I understand that images on websites can be viewed throughout the world and not just in the United Kingdom and that some overseas countries may not provide the same level of protection to the rights of individuals as EU/UK legislation provides.  | Yes |
| No |
| I have read and understand the conditions and consent to my images and or video recordings being used as described above. | Yes |
| No |
| If your photograph contains images of children under 16 years of age, please indicate below that you give your permission.  | Yes, I give image permission for any children shown on the picture |  |
| No, I do not give image permission for any children shown |  |
| Not applicable (no children in the image) |  |
| **Member of the public signature** |  |

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| **Staff member / representative supporting the activity** | Name |  |
| Organisation |  |
| Signature |  |