**Photography, filming and recording consent form**

**Thank you for agreeing to take part in photography, filming and recording for Sandwell Children’s Trust and Sandwell Council.**

* If the individual featured is younger than 18, this form must be completed by a parent or legal guardian. **Please complete part E** if this is the case.
* If you are over the age of 18**, please add your contact details and then sign and date the form in part D.**

**Section A: About you**

|  |  |
| --- | --- |
| Your name: |  |
| Your address:  |  |
| Your phone number: |  |
| Your email: |  |

**Section B: About the project/media**

|  |  |
| --- | --- |
| Description of project/media |  |
| Location: |  |
| Date: |  |

**Section C: Your consent**

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| --- |
| I give consent for Sandwell Children’s Trust and Sandwell Council to publish, republish or otherwise transmit still and moving images and audio of myself, for the purposes of:* Trust and council publicity, advertising and exhibition materials;
* Trust, council and partner organisation websites, social media channels and digital communications; and
* Other news media including print, radio, television and online.

I understand images and audio will be stored electronically in accordance with Data Protection laws, including and without exception the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018, and may be used for up to five years from the date of signing. I have the right to withdraw this consent at any time by calling 0121 569 3031, emailing press\_office@sandwell.gov.uk or writing to Communications Unit, Sandwell Council House, Freeth Street, Oldbury, West Midlands B69 3DE. |

**Section D: Your signature**

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| I am the person identified in Section A and in the photograph(s), filming and/or recording.I understand the above request and give informed consent. |
| Signature:  | Date: |

**Section E: People under 18 years old**

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| --- |
| I am the parent/legal guardian of the person identified in section A and in the photographs, filming and/or recording (proof may be required). I understand the above request and give informed consent. |
| Full name of young person: | Age: |
| Your full name: | Relationship: |
| Phone: | Email: |
| Signature: | Date: |