



Image consent form

Thank you for agreeing to support the development of our learning materials. This form should be completed by the person who will be *in* the photograph / video (the 'subject').

If the subject is under 18 years old, then it should be completed and signed by their parent or guardian.

1. Subject details

Subject name

.....

Subject address

.....

.....

Telephone number

.....

Mobile number

.....

Email address

.....

2. Personal data consent

<input type="checkbox"/>	I consent to my Contribution, which includes my personal data, being reproduced or published by Act Fast Clinical in any media worldwide. This may include using the image and/or video to support training resources, advertising of services, marketing materials and partnerships in a number of ways.
My identity	
<input type="checkbox"/>	I need to be anonymous. Please use my first name only, or change my name (circle one) to the following:

.....

Subject signature:

.....

Date:

.....

If the subject is under 18 their parent / guardian must also sign. **Parent/guardian signature:**

.....

Date:

.....

3. Terms and conditions

I understand and agree to the terms and conditions below. I confirm and understand that:

I am giving Act Fast Clinical the moral rights to the use of my image / video.

I agree to the recording, broadcasting, transmission, publication and distribution of my image / video. I provide consent and grant all rights (including copyright) to Act Fast Clinical, including trusted partners, to make use of the image / video worldwide in all media, including:

- > Websites and official social media accounts (including Twitter, Facebook, Instagram and blogs) used by Act Fast Clinical and its trusted partners.
- > In local and national media, including newspaper, magazine, online, television and radio.
- > Marketing and fundraising materials – including advertising, leaflets, and posters

I can withdraw my consent at any time, by contacting Act Fast Clinical by:

- > Email ken.fraser@actfastclinical.co.uk

If I withdraw my consent, Act Fast Clinical and its trusted partners will no longer use any information provided previously. I understand that any materials already published and/or distributed which include my image / video or any part of it *cannot* be recalled.

Act Fast Clinical will store active copies of my image / video and contact details for three years. After this time my information will be archived and could be used for heritage purposes.

I understand that Act Fast Clinical will always take reasonable steps to ensure that my image / video is used accurately and honestly but they may make edits and alterations to my image / video (including retouching or cropping) where appropriate.

My personal data will not be transferred outside the European Economic Area ('EEA'). The partners that we work with are all located in the UK and we will take steps to put in place suitable safeguards to protect your personal information.

TO BE FILLED OUT BY THE CONSENT GATHERER

Act Fast Clinical staff name: _____

Email: _____

Shoot location: _____

Description of subject: _____

Notes from consent gatherer: _____

(including any exemptions) _____