**Media Consent Form**

We take your privacy seriously and will only use your personal information for the purposes it was intended.

We would like to use material gathered from questionnaires, interviews and events to use for publicity purposes. Publicity purposes include, but are not restricted to, press releases, leaflets, posters, website and social media channels.

By ticking any box below, you agree to share your information and data with us, giving us permission to use as noted above. Please select what information and data you are happy to share with us.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I confirm, I have read and understood the information sheet above. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |  |
| I agree and consent to my photograph being taken |  |  |
| I agree and consent to my photograph being used for publicity purposes |  |  |
| I agree and consent to video footage of me being taken |  |  |
| I agree and consent to video footage, of me, being used for publicity purposes |  |  |
| I agree and consent to undertaking questionnaires |  |  |
| I agree and consent to my responses from questionnaires being used for publicity purposes I agree and consent to taking part in a recorded interview |  |  |
| I agree and consent to my recorded interview being used for publicity purposes |  |  |
| I agree and consent to my name being used for publicity purposes |  |  |
| I agree and consent to my age being used for publicity purposes. |  |  |
| I agree and consent to share information about my project |  |  |
| I agree and consent to information about my project being used for publicity purposes |  |  |

Our organisation will hold this information for no longer than two years and will retain the minimum amount of information it requires to carry out its statutory functions and the provision of services. You have the right to withdraw your consent at any time. Our organisation will not sell, rent, trade or transfer your personal information to outside companies. If you wish to withdraw your consent, you can do so by contacting us via the email address below. We will process your request within ten working days.

|  |  |
| --- | --- |
| Project Name: |  |
| Name: |  |
| Age: |  |
| If you are under 18, please ask a parent/guardian to sign and date here: |  |
| Signature: |  |
| Date: |  |
| Any additional comments: | |

|  |  |
| --- | --- |
| Our organisation |  |
| Our contact email |  |