

Consent form

The Public Health Agency produces a range of print, online and broadcast materials.

On occasions, the Public Health Agency requests the permission of persons to take part in photographs and/or recordings. These are used in our materials and for the purposes of promoting the work of the Public Health Agency through a variety of media.

I understand the purposes of this request and I permit my image/recording to be used by the following:

1. Public Health Agency.

Yes No (tick as appropriate)

2. Partner organisations of the Public Health Agency (eg other Health and Social Care body or voluntary/community group).

Yes No (tick as appropriate)

3. Other external organisations (eg newspapers, magazines, radio and television).

Yes No (tick as appropriate)

I understand that the Public Health Agency cannot always control re-use of images/recordings by partner or external organisations including newspapers, magazines, broadcast agencies and other media outlets.

Please complete in BLOCK CAPITALS

Name: _____ Date: _____

Signature: _____

Address: _____

Telephone/mobile number: _____

Email address: _____

If the person featured in the image/recording is under 16 years or does not have the capacity to give informed consent, the following section must be completed by the person with parental responsibility/carer:

Name: _____ Date: _____

Signature: _____

Relationship to person featured: _____

Contact details if different from above:

Address: _____

Telephone/mobile number: _____

Email address: _____

Witnessed by Public Health Agency staff member: _____

Signature of Public Health Agency staff member: _____