

## Photography and filming consent form

To be completed by a member of the communications team / staff member responsible:

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Site (please circle):** Mid Essex / Southend / Basildon and Thurrock

**Staff member (name and department):** \_\_\_\_\_

**Material produced:** \_\_\_\_\_

(e.g. photographs, film, recordings and quotes given/taken)

This form is a safeguard for patients/families and Mid Essex, Southend and Basildon and Thurrock NHS Trusts. Completion of this form will enable all three trusts to use any materials produced for publicity across the three trusts.

### Details of the person in the photographs/film/voice recording:

By completing the information below you agree to the use of material produced for publication across the three trusts to be used in print (including posters, adverts, newspapers and magazines), online (including internal and external websites) and across social media (including Facebook, Twitter and YouTube).

**Name:** \_\_\_\_\_ **Job title (if staff):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If you are signing on behalf of a child or young person (under 18) please state their name, age and your relationship to them below.

**Parent/guardian:** \_\_\_\_\_

**Address and telephone (if different to above):**

\_\_\_\_\_  
**Telephone:** \_\_\_\_\_