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**VIDEO/AUDIO/TESTIMONIAL CONSENT FORM**

Mary Stevens Hospice would like to use a photographic image(s)/video/audio/testimonial of you for the purposes of promotion and marketing of the Hospice and in future fundraising materials. We would like to publish this material in any form of media now known, as detailed below, or developed in the future. In accordance with the General Data Protection Regulations (GDPR) before taking or using any photographs, video, audio or testimonial text we need your consent. Please complete this form and then sign/date where indicated. Thank you.

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| **Your Personal Details:**Surname: …………………………………………………………………..Forename(s): ………………………………………………………………….Address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Telephone Number: ………………………………………………….**Your child’s/children’s Details (If appropriate)**Name………………………………………………………………………………………….Age…………………………. Name………………………………………………………………………………………….Age…………………………. Name………………………………………………………………………………………….Age…………………………. Thank you for allowing us to use this image/audio/video/testimonial. Are you happy for us to use this material?For one occasion only? In perpetuity (forever)? **I give permission for this to be used for the purpose of:*** **Use by the press** (NB: this may include sharing on social media platforms. There are risks associated with this)**:**

I agree to the image being uses as above: Signature: ……………………………..……I agree to names being published alongside the image: Signature: ……………………………..…..* **Websites:**

I agree to the image being uses as above: Signature: ……………………………..……I agree to names being published alongside the image: Signature: ……………………………..…..* **Publications – leaflets, posters, documents, etc.**

I agree to the image being uses as above: Signature: ……………………………..……I agree to names being published alongside the image: Signature: ……………………………..…..* **Newsletters:**

I agree to the image being uses as above: Signature: ……………………………..……I agree to names being published alongside the image: Signature: ……………………………..…..* **Training Materials:**

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I agree to the image being uses as above: Signature: ……………………………..……I agree to names being published alongside the image: Signature: ……………………………..….. |

**Consent Withdrawal:**

You have the right to withdraw consent at any time and can do so by notifying any member of staff or contacting the Hospice Privacy Officer.

If you wish to know more, have any queries about this form, wish to withdraw consent or wish for any further information about how we process your data, please contact the Hospice Group Privacy Officer at:

Privacy Officer Phone: 01384 443010

Mary Stevens Hospice

221 Hagley Road E-Mail: Privacy.Officer@marystevenshospice.co.uk

Oldswinford

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If you have any concerns or complaints about how we are handling your data please do not hesitate to get in touch.