

**Adventist Special Needs Association**

**Photo/video/audio consent form**

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| Parent/guardian name: |
| Child/ Adult name: | Child / Adult date of birth: |
| Phone number: | Email address: |
| Postal address: |

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| **To be completed by parent/guardian:**I consent to photographs/video footage/audio recordings *(please delete as appropriate)* being made.I consent to the above being stored by ASNA for *(please tick each as appropriate)*:* internal purposes of service evaluation and research
* external use – presentations/publications to provide information or raise awareness/funds (printed and online)
* external use - on the ASNA website and social media
* I can confirm that I have read, or been made aware of, ASNA’s photography, video and audio recording policy
* I can confirm that I have read, or been made aware of, how ASNA will use these images, videos or audio recordings in future and how they will be stored securely

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be completed by the young person (if over 13 years old and has the capacity to consent):*** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name)* consent to ASNA photographing or video/audio recording my involvement in ASNA activities
* I confirm that I have read, or been made aware of, ASNA’s photography, video and audio recording policy

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

In accordance with ASNA’s photography, video and audio recording policy, we will not permit photographs, other images, video or audio recordings of children and young people to be taken without the consent of the parents/guardians and the young person if aged 13 years or older and has the capacity to consent. The policy is attached with this form.

ASNA undertakes that any images, video and audio recordings will be stored securely. ASNA undertakes that any images, video and audio recordings are stored securely in a password protected file.

ASNA will use this parental / Guardian consent whilst the child / vulnerable adult is a beneficiary of ASNA and for up to two years afterwards. We take all steps to ensure these images are used solely for the purposes they are intended. If you wish to withdraw consent or feel that these images are being used inappropriately, please inform us immediately on 01491 821104 or by emailing info@asna.info.