**Photo, video and story
consent form**

Caring Together Charity produces a range of communications resources to show how caring affects people’s lives and the things that matter to them. We like to share the experiences of real people who are using our services or providing our services in our communications as it helps to demonstrate the difference our work is making. By completing this form, you give us permission to use your story in our communications for the next three years.

Carers Matter Norfolk is the umbrella brand for commissioned services delivered to adult unpaid carers in Norfolk of which Caring Together Charity is a partner. If relevant, your story may also be used by Carers Matter Norfolk. Thank you for your help.

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
|  |  | Postcode |  |
| Telephone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| **What will my photos, video and/or story be used for?** | Yes | No |
| I consent to my photos, video and/or story being used for the purposes listed below. | [ ]  | [ ]  |
| **Presentations:** internal and external presentations |  |  |
| **Websites:** website and intranet |  |  |
| **Social media:** social media channels |  |  |
| **Publications:** leaflets, posters, newsletters and other marketing materials |  |  |
| **Print and online media:** National, regional and local papers; magazines and news sites |  |  |
| **Television and radio:** National and regional television; national, regional and local radio |  |  |

**Can I remain anonymous?**

You can choose to have your real name published with your story or remain anonymous (in which case, we will use a false name). Please tick one of the following options:

|  |  |
| --- | --- |
| I am happy for my real name to be used |[ ]  I do not want my real name to be used  |[ ]
| Please tick this box if you do NOT want to be featured in imagery or video footage |[ ]
| Are there any identifying features you do NOT want included in our communications work?*For example, your location or the age of your children* |
|  |
| Please let us know if there are any ways in which you do NOT wish to be represented or described: |
|  |

**I am happy to give my permission**

Please sign this form to show you are happy to give permission for your story to be used by Caring Together for the purposes outlined above. Your story will not be used or stored for any longer than three years, unless you ask us to stop using it before then. You can withdraw your permission at any time by contacting us on 0345 241 0954 or by emailing communications@caringtogether.org

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
|  |  |  |  |
| If you are under 18, we need written permission from a parent, guardian or responsible adult. |
| Signature of parent/guardian |  | Date |  |

**Data protection:** The information that you provide here will only be used to contact you about sharing your story in our communications work. We will not pass the details recorded on this form on to any other organisation without your permission. We will not store your data for any longer than three years.