CONSULTATIONS ON <NAME OF PROJECT>  
Photographic Consent Form

I

(*please print name)*

have spoken to my parent/guardian and I   
(*please tick ‘Yes’ if you agree and ‘No’ if you do not agree*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Understand that video/audio/photographic recordings may be made of me during my time on the <*name of group/council e.g. Young People Advisory Group 2012 (the Group)*>. | Yes |  | No |  |
| 1. Understand that videos/audio/photographic recordings of me may be put on the <*organisation’s*> website and used in other <*organisation’s*> publications such as reports. | Yes |  | No |  |
| 1. Have spoken to my parents/carers about the use of video/audio/photographic recordings of me by the <*organisation*>. | Yes |  | No |  |

am happy for the <*organisation*> to use the following information about me in publications, including the <*organisation*>’s website (*please circle all that apply*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *My first name* | *My full name* | *My age* | *The area I live in* | *My school name* |

### Details of young person

Name

Signature

Date

### Details of parent/guardian

Name

Signature

Date