

## CONSENT FORM TO USE IMAGES OR PHOTOGRAPH OF ANYONE AGED 16 YEARS OR OVER

We take the issue of data protection very seriously and would never knowingly use an image of you without your prior consent. We would therefore ask you to read through the information below. Please fill in the details in the white spaces on the table and then sign and return the form to us.

<b>Your Name (Block Capitals) (and Organisation if applicable):</b>		
<p>I understand that my image in photos taken by Autism Hampshire or my image in photos that I choose to share with Autism Hampshire will only be used for the following purposes:</p> <ul style="list-style-type: none"> <li>• Autism Hampshire electronic (including website) and printed information, displays and exhibitions relating to the activity shown in the picture.</li> <li>• Any similar Autism Hampshire campaign or related area.</li> </ul> <p>I understand that my image in photos will <b>NOT</b> be used for:</p> <ul style="list-style-type: none"> <li>• Anything that may cause offence, embarrassment or distress, e.g. drug/alcohol abuse.</li> </ul> <p>I understand that my image in photos may continue to be used until I advise otherwise.</p>		
<b>Having read the statement above, do you give your consent for the image to be used? (please put a tick in appropriate box)</b>		<b>YES</b> , I give my consent for my image in photos to be used
		<b>NO</b> , I do not give my consent for my image in photos to be used
<b>Your Signature:</b>		
<b>Your Contact Telephone Number:</b>		
<b>Date (Day/Month/Year):</b>		

Once completed, this form needs to be returned to:

*Insert details here*

**Tel:**  
**E-mail**

<b>Office Use Only:</b>					
Subject of photograph		Photograph ref number(s)		Date taken	
Subject of photograph		Photograph ref number(s)		Date taken	
Subject of photograph		Photograph ref number(s)		Date taken	
Subject of photograph		Photograph ref number(s)		Date taken	
Subject of photograph		Photograph ref number(s)		Date taken	