STUDENT / LEARNER / STAFF IMAGE CONSENT FORM

**Please Tick as Appropriate:**

I consent to my image and spoken words being used in photos and/or videos taken and/or filmed for assessment purposes and promotional material during MSLETB related activities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment**  | **YES**  |  | **NO** |  |
| **Promotional** | **YES**  |  | **NO**  |  |

Photos and video footage may be taken/Filmed by:

1. MSLETB staff.
2. Professional photographers and film crews employed by MSLETB and its schools/centres/programmes/services.
3. External trainers/facilitators/speakers brought in to deliver educational/information sessions by MSLETB and its schools/centres/programmes/services.

Photos and video footage may be used by MSLETB to promote its activities, (currently and in the future):

1. In Print Media e.g. newspapers, magazines, brochures/leaflets, posters, prospectus, reports, books and other similar publications.
2. On MSLETB’s website and any other online publication of associated schools/centres/programmes/services.
3. On MSLETB’s social media accounts (Twitter, Facebook, Youtube, Linkedin and any other/future similar accounts) and those social media accounts associated schools/centres/programmes/services.
4. Any further similar media outlets that may be developed.

I understand that I can withdraw my consent at any time by informing a member of MSLETB in writing. Please complete **only one of the sections below.**

**SECTION A: To be completed by Students/Learners/Staff over the age of 18 years only**

**Name of Student/Learner/Staff Member (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student/Learner/Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION B: To be completed by Students/Learners under the age of 18 years and their Parent/Guardian**

**Name of Student/Learner (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student/Learner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**