

# Consent Form



## Case study, filming and photography

Print Name .....

Are you over 18?.....

Name of Guardian giving consent on behalf of participant named above (if under 18):

.....

I hereby consent to South West London Integrated Care System using my likeness, including (delete as appropriate):

- My story (case studies)
- Footage of myself
- Images of myself

taken/recorded on ..... [insert date] for use in the following ways:

- Media activity including press releases, local, trade and national print, broadcast and online media outlets including social media (for example Twitter, Facebook, Youtube and others)
- External publications including promotional materials such as reports, leaflets, posters, website content
- Internal publications including staff intranets, training materials, presentations, branding, posters, website content

I also consent to them being used for other marketing and publicity related purposes and used in other publications for the benefit of promoting health and care services in south west London. I understand that they may be published in other media and publications in line with these aims.

I understand that:

- my images will be held in accordance with the Data Protection Act for a period of two years;
- that the images of myself captured in the video recordings and/or photographs will be the copyright of South West London Integrated Care System and any other intellectual property which arises in the recordings will also belong to the South West London Integrated Care System.
- that South West London Integrated Care System may edit any footage and are not required to gain my approval for these edits;
- I am aware that I can ask South West London Integrated Care System to stop using any words, footage or images featuring my likeness at any time, by emailing [press.office@swlondon.nhs.uk](mailto:press.office@swlondon.nhs.uk) in which case they will not be used in future publications but may continue to appear in publications already in circulation (**Note: Please allow 28 days for your request to be processed**)

Signed..... Date.....

Email address:.....

Telephone number:.....