NHS Leadership Academy

Consent form

Photography & video

Name (person in the photograph):……...

Postcode:……

Telephone:……

Email address (if you have one):……..

It has been explained to me and I understand that any video / photos taken of me will be used in relation to promoting the NHS Leadership Academy, illustrating patients' and staff experiences.

I understand that all or part of the video footage/ photographs may be used in conjunction with any form of illustration and text within NHS Leadership Academy publications, advertising, websites. As a result, I understand that the general public worldwide may see the video footage/ photographs.

Refusal to consent will in no way affect my clinical care.

I hereby give my informed consent for video footage / photographs to be taken of me and used by NHS Leadership as set out above. I know I will not be paid for allowing the video footage / photos to be taken and used. And I am giving this consent freely and without any expectation of more or preferential treatment from the NHS because of it.

To be completed by person, parent, guardian or carer as appropriate.

I agree with the above statement:

Signature:……..

Name (capital letters):……

Circle as appropriate: **I am the person / parent / guardian /carer** represented in the photo/film

Date: ……..

Personal information given above will not be used for any other purpose

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Photo reference number /
File location
Notes