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**HSE Consent Form for photography/audio/video- Guidance Note**

I agree for my name and photograph, video footage or audio to be taken by the HSE for use in marketing, PR and publications in connection with the event/campaign set out below:

**About the event/campaign:**

**Location:**

**Date:**

**Why does the HSE need images and video footage?**

The HSE is seeking consent from staff, volunteers, participants and visitors to use the images resulting from photography, videography and any reproductions or adaptions of same to help publicise and promote the work the HSE does and create a bank of imagery that depicts the day to day life in the HSE.

Promotional use includes (but is not limited to) posters, leaflets, annual reports, brochures, adverts, display materials, emails, e-newsletters, blogs, web pages, social media posts, presentations, speeches, research or policy reports, media releases, media work and any other media or materials.

The HSE will keep imagery and data safe and secure and will process and store your information in line with our Data Protection policy which you find HSE.ie. Search for GDPR Information and click on Data Protection Policy.

You can change your mind and withdraw you consent to process your photograph, audio or video at any time by emailing press@hse.ie. Your participation is entirely voluntary and there is no obligation on you to give your consent to have your voice or image captured. No fees will be paid to people taking part.

**Photographs and Recordings by Third Parties**

Media will/**will not** be present today.

If media are present the event may be subject to audio and visual recording and photography by third parties including media outlets and broadcasters. These images and recordings may be published by these third parties.

Please indicate your consent (or your consent on behalf of your child if applicable or your consent as a decision supporter as set out under the Assisted Decision-Making (Capacity) Act 2015) for this photography, audio, video footage and that you fully understand the proposed use of the photography, audio or video by signing below.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_­­­­­­­­

**Print Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate here if you are signing on behalf of your child / as a decision supporter under the Assisted Decision-Making (Capacity) Act 2105 🞏 (please delete as appropriate)

**Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_