

Consent form

Photography and video

- By signing this form, I acknowledge that there will be photographs taken of me and may be used for marketing/publicity by East Lancashire Teaching Hospitals NHS Trust, or by a media company on Trust property.
- I understand that these can be used to publicise the Trust's work both internally and externally in one or more places; for example, Trust printed publications, external artwork, website, social media and for use in other media publications including broadcast media, newspapers and websites.
- **If I do not wish to have pictures taken of me, I must inform the staff member present. It is my responsibility to ensure that I am not visible in the photographs.**

I agree to be photographed Please state Yes or No	
Event Details and Date	
Name	
Date of Birth	
Address	
Phone	
Email	
Signed	
Parent/guardian/carer signature if under 16	

Please return to:



East Lancashire Hospitals

NHS Trust

Work Based Education Team | Royal Blackburn Hospital | Park View Offices | Level 1 |
Haslingden Road | Blackburn | Lancashire | BB2 3HH