**Filming/Photography/Interviews**

**Consent form 1 – service users and carers under 18 (parent/guardian)**

Purpose of filming:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company (filming company/news programme): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

I confirm I have parental responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (service user’s name).

I the parent/guardian of the patient, agree to my child being filmed for the above reason.

I agree that the recording may be used in the future by Humber Teaching NHS Foundation Trust for promotional purposes on our website, social media, internally within the organisation e.g. for training purposes. Yes/No

If you would like to restrict how this recording is used beyond the original purpose, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time period do you consent to the use of this recording for additional purposes: (please circle)

1 year 2 years 5 years

I understand that the above media company and other third parties connected with the company will only use the recording of my child, their voice and image for the purpose detailed above.

You can contact us at any point and ask us not to use these for any new purposes. Remember that once anything is published and in circulation (especially online) it may be copied and used by others. If you ask us not to use the photograph, film or words in future, we will comply with your request and will do our best to stop others doing so, but we cannot guarantee this.

I understand that my child’s participation in this programme/interview/photograph is voluntary and that I may at any time discontinue my involvement. I also understand that any participation or non-participation on my part will have no effect on the care they receive while at Humber NHS Foundation Trust.

I understand that once I agree to consent to filming/interview/photograph it may not always be possible to view the finished film/article before it is broadcast/published.

Humber Teaching NHS Trust is committed to processing information in accordance with the General Data Protection Regulation and Data Protection Act 2018.

For further information on how the Trust process personal data, please see [www.humber.nhs.uk/data-protection.htm](http://www.humber.nhs.uk/data-protection.htm)

Forename:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Block capitals)

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

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

Please send your completed copy of this form to the person who requested it. Alternatively, you can return it by post to: Communications Team, Trust Headquarters, Willerby Hill, Beverley Road, Willerby, HU10 6ED.