

Appendix 6 Photo Consent Form

Promoting what we do

(One form to be completed for each activity or each case study candidate)

Thank you for sending us your photos. Before we can use them, we will need the following form completed, to make sure everyone who appears in the photo is happy for us to use their image in Mothers' Union central promotional material and on our website.

1	The name of the person completing this form
	Today's date
	If you did not take this photo yourself, have you got the permission of the person who did take it to pass the image onto us? Yes/No
2	Your address: (or role at Mary Sumner House, if a member of staff)
	Postcode
3	Telephone number
4	Email
5 (i)	On this form please write a brief but specific description and then add today's date, for example: Four children and two adults sitting on a bench in the park/diocese of xx AFIA Jan 2014.
(ii)	Below, please add a little bit more detail about the photograph – what it portrays, where and when it was taken and anything else you think it would be helpful for the central team to know (what story does it tell)



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(iii)	
(111)	
	(Attach additional notes if necessary)
	If you are submitting this as low resolution, do you have a higher resolution version available? Yes/ NO
6	Please ask the parent/s or legal guardian/s of any child/children under 13 who appear in the photo to sign below, confirming that they are agreeable to the central Mothers' Union using this photo in our promotional material and on our website. Children 14 and over must sign themselves.
	SignaturePlease print name
	Parent of
	Please use their name/ do not use my child's name. (delete unnecessary wording)
	SignaturePlease print name
	Parent of
	Please use their name/ do not use my child's name. (delete unnecessary wording)



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7	IF POSSIBLE, PLEASE ASK ANY ADULTS WHO APPEAR IN THE PHOTO TO SIGN BELOW, INDICATING THAT THEY ARE AGREEABLE TO THE CENTRAL MOTHERS' UNION USING THIS PHOTO IN OUR PRINTED PUBLICATIONS, PROMOTIONAL MATERIAL AND ON OUR WEBSITE. (Sometimes, it's helpful to be able to make direct contact with the adult/s who appear in the photos.
	1 SIGNATUREPLEASE PRINT NAME
	CONTACT NUMBER
	2 SIGNATUREPLEASE PRINT NAME
	CONTACT NUMBER
	SIGNATUREPLEASE PRINT NAME
	CONTACT NUMBER
	If it is not practical to collect the signatures of the adults whose image appears within the photo: then instead you (the person completing this form) can sign to confirm that you have the appropriate verbal permission of the group. (This procedure cannot be used for photos that include children – their parent or guardian must sign).
	SignaturePlease print name
8	Institutions (schools, hospitals, prisons etc)
	The name of the institution where this photograph was taken
	Senior Staff member's permission for Mothers' Union to take and use photographs at this institution
	SignaturePlease print name
The	photo and this form should be sent to Mothers' Union, 24 Tufton Street, London SW1P 3RB. If you need to contact us, our telephone number is 020 7222 5533 Our email address is marketing@themothersunion.org