

## **Media Consent Form**

St Francis Leprosy Guild (SFLG) uses photographs and stories to show the importance of our work. We like to share your photographs and stories to show the difference our work is making and encourages other people to support us. If you sign this form, it means you have agreed to let use your photographs and stories, for the next seven years. Thank you for your help.

You can withdraw your consent for your photography/media/likeness to be used from SFLG from point of withdrawal at any point by contacting email: <a href="mailto:enquiries@stfrancisleprosy.org">enquiries@stfrancisleprosy.org</a>

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Address					
Contact number					
Centre/Partner					
What will my story be used for? Your photographs and story will be used to show our supporters how the funds they have given have been used and, to encourage other people to give funds too.					
Your photographs and story may be used on our website, in our presentations, on our social media channels, publications or on television and radio.					
<b>Can I remain anonymous?</b> You can use your real name or, if you would prefer, you can stay anonymous (which means not being identified or being named). If you prefer to stay anonymous, we will use a different name for you instead. Please tick one of the following options:					
I am happy for my real name to be used  I do not want my real name to be used					
I am happy to give my permission I am happy to give permission for my photographs and story to be used by SFLG for the purposes outlined above. I understand that I can withdraw my consent from SFLG at any point by contacting email: <a href="mailto:enquiries@stfrancisleprosy.org">enquiries@stfrancisleprosy.org</a>					
Signature or mark		Date			
Signature or mark of appropriate counter signatory (Please state)		Date			

If you are under 18, we need written permission from a parent, guardian, or responsible adult also.					
Signature or mark of parent or guardian or responsible adult		Date			
Representative/part	tner use only				
Representative/partner name: -					
Representative/parti	ner signature:				
Job title:					
Project name:				_	
Contact number:					
Location and date:					
I have fully discussed the content of this form with the contributor and/or their parent(s)/guardian(s)					