

## **GROUP CONSENT FORM FOR USE OF PHOTOGRAPHIC MATERIAL BY THE BBTA**

Please read the following statement most carefully. If you consent to the conditions of the photos/videos being taken please sign and date this sheet.

BBTA would like to take your photograph/video for promotional and/or educational purposes. The photograph(s)/video(s) may appear in our printed materials, in press communications, on our website, and in social media now or in the future.

In order to comply with the Data Protection Act 1998, we need to obtain your permission before we take or use any photograph/video of you. We would therefore be grateful if you could confirm your consent to the use of your photograph(s)/video(s) for the above purposes by signing and dating this form where indicated below. Please note that we will not use the images taken for any other purpose and we will not include any of your personal details such as your name, e-mail or postal address, telephone or fax number in conjunction with the use of your photograph(s)/video(s).

I (name of patient or therapist being photographed) hereby grant BBTA permission to use [an] identifiable photograph(s)/video(s) of me for the purposes set out above. I declare, in consequence of granting this permission, that I will not assert any claim against BBTA in respect of the photograph(s)/video(s) in question.

## GROUP CONSENT FORM FOR USE OF PHOTOGRAPHIC MATERIAL BY THE BBTA

Name	Hospital	Signed consent for use of photographs by BBTA	Date
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**Date:**  
**Venue:**  
**Tutor:**