**Photo Consent Form **

Name of Event:

Location:

Date:

Name of the person completing this form.......………………………………………………………………………………….......…

Role for Mothers’ Union …………………………………………………………………………………………………………………

Description of photo……………………………………………………………………………………………………....……………………

Photo subject’s / parent or guardian’s details

Name of Parent /Guardian ………………………………………………………………………………………………………………………………………

**First name of child** (if you wish to disclose) ...............................................……………………………………………………………………………

Telephone number .........................................................................Email………………………............…………………………

**I hereby confirm that I find it acceptable for the international Mothers’ Union office to use the photo in the following (please tick the ones you give consent for):**

**Mothers’ Union printed publications**

**Press release material**

**Mothers’ Union website**

**Mothers Union social media platforms**

**Publications and/or reports external to Mothers’ Union**

**Signature………………………………………… Please print name………………………………………….**

**Relationship to child…………………………………**

If it is not practical to collect the signatures of THOSE PEOPLE (/THEIR PARENTS OR GUARDIANS) whose image appears in the photo, then instead you (the person completing this form) can sign to confirm that you have the appropriate permission, as long as you are fully confident that all adults in the photo have given their verbal consent for their image to be used in the way indicated above. (This procedure cannot be used for photos that include children – their parent or guardian must sign).

Signature……………………………………………Please print name……………………………………………………………

ADDRESS OF MOTHERS UNION DIOCESE TELEPHONE NUMBER EMAIL CONTACT