

Photography Consent Form

Your child is currently working on the Start Programme with OASES (Outdoor And Sustainability Education Specialists) www.oasesnortheast.org.uk OASES is the trading name for NEEN a Registered Charity (no. 1041301) and Artichoke, who run the Lumiere events in Durham.

We hope to use photographs and other media to document our work. To comply with the Data Protection Bill and the General Data Protection Regulation, we need permission before we can do so.

Documentation of our work is important. Photographs are especially useful as they can be used to illustrate our project to third parties and funders. They are also helpful in record keeping, for future funding applications and for publicity purposes.

Whilst we appreciate that you may have concerns about photographs being used in public forums please be assured that we take great care to ensure that the risk associated is as small as possible. All of the digital information that we collect is held safely on our password protected computer network and/or in a locked cupboard within our office (which is only accessible through the use of a key fob). Photographs of children will be removed from our systems after 5 years photographs of adults will be removed from our systems after 10 years

- If you become aware of any special circumstances which would affect or change your consent, please contact us immediately so that we can take the necessary measures to remove your image/data from our systems (Telephone 03000 260535 or email info@oasesnortheast.org.uk).
- If you feel that we have not handled your data correctly you have the right to complain to the Information Commissioners Office.

I give my consent for my/my child's photograph/image to be recorded, stored and used by OASES and Artichoke for the purposes listed below (*Please tick the promotional methods **you are happy for OASES and Artichoke to use***):

Printed Promotional Material:

☐

Website

☐

Film/Video:

☐

Social Media

☐

Name of Participant:.....

Name of parent/guardian (if applicable):

Signed:

Date:

Address:

.....

Telephone number:

Please return this form to an OASES staff member

For Office use:

Project Name:

Photograph Date: