**Consent for [TAFE] or [TAFE Administering Body] to Publish Student and Staff Images/Recordings**

[***Note: Please remove from this form either the references to the TAFE or the TAFE Administering Body (depending on which entity is seeking the consent).***]

[***Note: This consent form is to be used if the TAFE/Administering Body seeks to use images or video of student or staff for a specific marketing campaign (eg, an advertisement in a newspaper or pamphlet that is designed specifically to promote a TAFE, not just to inform the community of a TAFE event which may indirectly promote the TAFE) or in a manner not covered by the general consent form****.* ***Another example of where this form could be used is for*** ***videos of students/staff who have won state and national training awards (although it is likely a simpler specific consent could be used in such circumstance).***]

[INSERT NAME OF TAFE (**TAFE**)] or [The TAFE Administering Body (**the Administering Body**)] seeks your consent before using and disclosing images or video of you as set out below.

If you do not want your name to be included with/in the photograph/video please tick "EXCLUDE NAME".

**I give permission** forphotographs or videos in which I may be depicted, to be published in the following material for the following purpose (please tick):

[***Note: It is important that the descriptions below are sufficiently specific so that the student/staff are properly informed before providing their consent. If multiple uses/publications are proposed insert additional rows so that students and staff have the option to opt out of specific uses/publications.***]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consent** | **Description of photo or video** | **Description of publication location** | **Reason for publication** | **Publication period** |  |
| * YES
 | * NO
 | [INSERT DESCRIPTION EG PHOTOS TAKEN DURING … . IF PHOTO/VIDEO ALREADY TAKEN, ATTACH A COPY IF POSSIBLE.] | [INSERT DESCRIPTION OF MATERIAL – EG NAME OF NEWSPAPER] | [INSERT SHORT DESCRIPTION OF REASON – EG TO PROMOTE THE WA DEPARTMENT OF TRAINING AND WORKPLACE DEVELOPMENT'S AUTOMOTIVE PROGRAM] | [INSERT PUBLICATION PERIOD – EG DURING 2020] | * EXCLUDE NAME
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| --- | --- | --- |
| **Student/Staff Name** | **Signature** | **Date** |
| **Parent/Legal Guardian Name (if student under 15)** | **Signature**  | **Date** |
| **Phone** | **Email** |  |