

Marketing Consent Form - Individual

Last updated: May 2017

Applies to: Patients, clients, residents and/or families and/or carers; Calvary staff, volunteers and contractors.

Excludes: LCM participants (use LCM Marketing Consent Form)

About this form

You are reading this form because Calvary wish to invite you to contribute to our stories. The stories told by our clients, residents, patients, staff and volunteers help Calvary raise public awareness of issues important to others.

Your images, recordings and contribution to stories may be used for education and training, public relations, advertising, professional presentations, on social media including YouTube and Facebook, and websites. We also like to acknowledge your explicit permission to use your name in image captions, video credits and in all instances where your story and or image is used.

What to consider before providing your consent

Before considering whether or not to provide your consent, please consider the following points:

- Providing consent is voluntary and your decision to decline consent will have no impact on your involvement with Calvary or the provision of services.
- Your consent is provided **in perpetuity**
- Your photos, recordings and contribution to our stories will only be used as you indicate in the form on the following page. You can choose for example, to allow or not allow use of your name.
- You can withdraw your consent at any time. However it is important that you understand that:
 - Online images/stories can be copied from websites without Calvary's knowledge and that it is not possible to withdraw information from public circulation once it is on the internet.
 - Once your image or story is in a brochure, poster or any other marketing document it is not possible to withdraw the document from circulation.

If you at a later stage you choose to withdraw your consent, please telephone Calvary National Office and speak to the National Communications and Marketing Manager on (02) 9258 1700 or fill in the feedback form on the Calvary website at <https://www.calvarycare.org.au/contact/feedback/>

By consenting, you are acknowledging that you give your permission for Calvary to use your image and / or recordings and / or contribution to our stories for marketing purposes, and that you are not being compensated for doing so.

Marketing Representative instructions

- Sign below to acknowledge the participant has a copy of this form and that you have explained to them 'what to consider' and encouraged their questions and consideration before giving consent
- Print this form double sided and ask participant to fill in and sign; store with the related marketing material

Level 12, 135 King Street, Sydney NSW 2000 | GPO Box 4121, Sydney NSW 2001 | P: 02 9258 1700

Marketing Representative Name

.....
Title Signature

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By signing this form, I agree I am providing my consent in perpetuity.

I am aware that consent is voluntary and it can be withdrawn at any time by contacting Calvary and that this must be prior to the content being published. I will receive no payment for the use or recording of my image, voice, biographical material or other information by Calvary.

Images/recordings will be held indefinitely in a secure database for use by Calvary as per consent below.

If I withdraw my consent, I understand that my relationship with Calvary will not be affected in any way.

Event details

Photo shoot or Event Name	Location	Date (dd/mm/yyyy)
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Individual consent

Full name	I consent that the captured audio/visual content may be used in <input type="checkbox"/> Calvary educational materials e.g. handouts, presentations <input type="checkbox"/> Calvary marketing and communications e.g. brochures, reports, newsletters, website, social media (e.g. Calvary FaceBook etc.) <input type="checkbox"/> External media e.g. News, TV, Radio I consent that my details may be published when captioning photos, in video credits or any instance where story and/or image is used. <input type="checkbox"/> My full name <input type="checkbox"/> Biographical information
Email (optional)	
Signature	
Date (dd/mm/yyyy)	

Signature witnessed by

Full Name and Title	Signature
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Note: If you are under 18 years of age, a parent/guardian must fill in this section

Full name of child	Email	
Full name of Parent/ Guardian	Signature	Mobile
Address		