

Appendix 6

Photo Consent Form

Promoting what we do

<p>(iii)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Attach additional notes if necessary)</p> <p>If you are submitting this as low resolution, do you have a higher resolution version available? Yes/ NO</p>
<p>6</p>	<p>Please ask the parent/s or legal guardian/s of any child/children under 13 who appear in the photo to sign below, confirming that they are agreeable to the central Mothers' Union using this photo in our promotional material and on our website. Children 14 and over must sign themselves.</p> <p>Signature.....Please print name.....</p> <p>Parent of</p> <p>Please use their name/ do not use my child's name. (delete unnecessary wording)</p> <p>Signature.....Please print name.....</p> <p>Parent of</p> <p>Please use their name/ do not use my child's name. (delete unnecessary wording)</p>

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7	<p>IF POSSIBLE, PLEASE ASK ANY ADULTS WHO APPEAR IN THE PHOTO TO SIGN BELOW, INDICATING THAT THEY ARE AGREEABLE TO THE CENTRAL MOTHERS' UNION USING THIS PHOTO IN OUR PRINTED PUBLICATIONS, PROMOTIONAL MATERIAL AND ON OUR WEBSITE. (Sometimes, it's helpful to be able to make direct contact with the adult/s who appear in the photos.)</p> <p>1 SIGNATURE.....PLEASE PRINT NAME.....</p> <p>CONTACT NUMBER</p> <p>2 SIGNATURE.....PLEASE PRINT NAME.....</p> <p>CONTACT NUMBER</p> <p>SIGNATURE.....PLEASE PRINT NAME.....</p> <p>CONTACT NUMBER</p> <p>If it is not practical to collect the signatures of the adults whose image appears within the photo: then instead you (the person completing this form) can sign to confirm that you have the appropriate verbal permission of the group. (This procedure cannot be used for photos that include children – their parent or guardian must sign).</p> <p>Signature.....Please print name.....</p>
8	<p>Institutions (schools, hospitals, prisons etc)</p> <p>The name of the institution where this photograph was taken</p> <p>.....</p> <p>Senior Staff member's permission for Mothers' Union to take and use photographs at this institution</p> <p>Signature.....Please print name.....</p> <p>Role.....</p>
<p>The photo and this form should be sent to Mothers' Union, 24 Tufton Street, London SW1P 3RB. If you need to contact us, our telephone number is 020 7222 5533 Our email address is marketing@themothersunion.org</p>	