**Consent to filming/photography/interview**

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| Date: |
| Name of person participating (please print): |
| Contact number: |
| Contact address: |
| Title of film/photograph:  Be Part of Research |
| Purpose of film/photograph:  To join the national NIHR campaign encouraging more patients, carers and the public to get involved in research, and share stories from CPFT volunteers. |
| Company: Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) |
| Expected broadcast locations:  3D box CPFT social media (Twitter, Instagram, LinkedIn, Facebook, WordPress)  CPFT website  3D box Publications and marketing materials  3D box TV and radio  3D box Newspapers  3D box Public events  3D box Online blogs |
| Where the photography/filming/interview will take place: |
| Information for filming/photography: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of CPFT staff) has explained to me how the photograph/film/interview will be used and they have offered to share content for review before publication or broadcasting and provide me with copies. I understand that it will be available for the general public to see and broadcast in the broadcast locations identified above. |
| **To be completed by the subject in the film/photograph. For under 16s or those otherwise incapable of giving their consent to filming, this should be completed by the subject’s parent/legal guardian or representative and the relationship to the participant should be made clear below.**  I hereby consent to being filmed/photographed and/or interviewed for the purposes outlined above.  *My consent is on the basis that the Trust or the Company will not take any footage that can identify me in any way and that my identity will be kept confidential in any broadcast or publication* **\*Delete if you are happy to be identified**  I understand that any participation or non-participation on my part will have no effect on the care I receive whilst at Cambridgeshire and Peterborough NHS Foundation Trust (“**CPFT**”).  I understand the filming/photography/interview may be used in articles seen by the general public and broadcast as set out above, posted on social media accounts and published on the CPFT website. I can ask for footage/images to be removed in future.  I also understand that CPFT does not control the use or disclosure of any information about me or images of me resulting from the filming/photography/interview, and I hereby release CPFT from any and all liability from such uses or disclosures.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship (if completed parent/guardian)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For more information please contact the communications team on**  **01223 219470** [**communications@cpft.nhs.uk**](mailto:communications@cpft.nhs.uk)  Thank you for your co-operation. |