

PHOTOGRAPHIC / MEDIA CONSENT FORM

When completed and signed, this form allows for the collection and use of your personal images, by way of photography, video or sound recording, in any Allens Training Pty Ltd print and digital communications, publications, productions or presentations.

The consent form will be placed on file and retained by Allens Training Pty Ltd. Please keep a copy for your own records. If requested, a photocopy of the form can be made available to the Participant.

Your consent can be withdrawn at any time by emailing the Photographic / Media Consent Withdrawal form to Allens Training Pty Ltd Regulatory Compliance Manager compliance@allenstraining.com.au

To complete this form, please provide the name of person giving consent (& parent/guardian if under 18 years of age), select Yes or No as relevant, sign, date and provide contact details in the spaces provided.

1. Authorisation / Consent details			
I (insert name here)....			
... hereby authorise and consent Allens Training Pty Ltd to:			
Take and use, during training or other events, photographs, video, sound recordings of me and any other reproductions or adaptations of myself or likeness ("the material"), either in full or part, for Allens Training Pty Ltd websites, newsletters, brochures, advertising, social networking/media sites and other print and digital communications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Keep these photographs, video footage, sound recordings, for the promotion of future events by Allens Training Pty Ltd.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use my name and/or professional profile alongside these photographs, video footage, sound recordings and in other written content if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Take and use photographs of me for identification purposes and as evidence for assessment of units of competency as outlined in my training plan/program as relevant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Further acknowledgements			
I acknowledge that I have no rights in the above mentioned material nor in any Allens Training Pty Ltd publication, production or presentation that includes the material.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I give this consent/authorisation voluntarily and I further understand that this may be withdrawn by me at any time by emailing the completed Photographic / Media Consent Withdrawal form to compliance@allenstraining.com.au	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I am under 18 years of age and the signature of my parent/guardian is required as well as my own*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Person giving authorisation / consent details		*Parent/Guardian name, signature and date	
Name:		Name:	
Signature:	Date:	Signature:	Date:
Contact phone number and/or email:			

Office use only – must be completed by and Allens Training Pty Ltd representative	Tick when done
Authorisation/Consent noted, relevant action taken and form stored on file.	<input type="checkbox"/>
Confirmation has been sent to the participant.	<input type="checkbox"/>
Name: _____	Signature: _____ Date: _____