

I, _____
First Name Last Name

of: _____
Street Address Suburb Postcode

Email Phone Number

being the parent/guardian of _____

Date of birth (child) _____

Preferred name of child to appear on screen/acknowledgements (this may be a pseudonym):

consent to my child being (please tick all that apply):

- photographed
- photographed, provided that they cannot be identified
- audio recorded
- audio recorded, provided that they cannot be identified
- filmed on video
- filmed on video, provided that they cannot be identified
- to have their artwork published
- to have their artwork published, provided that they cannot be identified
- to attend an event: _____
- added to the Emerging Minds database as described below

for (please tick all that apply):

- internal Emerging Minds use
- the Emerging Minds website and e-learning courses
- the Emerging Minds e-newsletter
- Emerging Minds podcasts and webinars
- Emerging Minds social media channels
- conference presentations
- documents and reports

Note any additional special conditions: _____

Unless specified above, I consent to the unrestricted use of the resulting photography, recording and/or footage, copies of it, either whole or in part, by Emerging Minds, and/or the Department of Health (the sponsoring organisation) for resources now known or later developed. I understand that the completed resource and/or copies of it may be widely distributed by various means.

I understand that Emerging Minds will have full ownership of resulting photography, recording and/or footage.

I confirm that I have the right to give this consent and am not restricted by any commitments to other organisations or third parties.

I accept that there is no remuneration or other compensation payable or due to me from the resulting photography, recording and/or footage. I agree to hold Emerging Minds and associated Media and its Licensees harmless against any claims arising from same.

I understand that I may withdraw my consent at any time before, during or after the process.

I understand that Emerging Minds maintains an internal database that includes the information I have provided, that the purpose of the database is to assist with the identification of my involvement with Emerging Minds and that the information will not be shared with third parties.

Signed: _____ Print name: _____ Date: _____

Witness signature: _____ Witness name: _____

Emergency contacts (if attending without parent or guardian)

Name: _____

Contact number: _____

Name: _____

Contact number: _____

Support worker contact (if applicable)

Name: _____

Organisation: _____

Contact number: _____

Office Use Only

Video and audio Audio only Still photography Artwork

Date of recording/event: _____ Location: _____

Production staff names: _____
