



SERVICE USER CONSENT FORM

PHOTOGRAPHY

Consent Form Photo

NAME: _____ DATE: _____
 ADDRESS: _____
 _____ POSTCODE: _____
 PHONE: _____ D.O.B: _____

PHOTOGRAPHY:

I _____ hereby give permission for staff of
 (Service User / Person Responsible / Legal Guardian)
 FLINTWOOD Disability Services Inc., to film (video/still)
 _____ when attending the service.
 (Name of Service User)

I UNDERSTAND THESE PHOTOS ETC. WILL ONLY BE USED AS A
PHOTOGRAPHIC RECORD OF PROGRESS,
AS AN IDENTIFICATION PHOTO
 OR FOR - PLEASE SPECIFY

- Staff Development / Education YES [] NO []
- Communication Aids YES [] NO []
- Service Newsletter YES [] NO []
- Promotional Displays for the Service YES [] NO []
- Local Newspapers YES [] NO []

Comments: _____

SIGNATURE

RELATIONSHIP

DATE

WITNESS

DATE