



Office use only			
Date		Department	
Photo description			

Consent form – media

I,of /
 Full name Address Phone

consent to myself and/or my children being filmed and/or photographed and/or interviewed by Bendigo Health, or a person authorised by Bendigo Health.

I agree that my story and any film or photos can be shown by Bendigo Health or any organisation authorised by Bendigo Health, in the following approved formats:

- Intranet
- E-newsletter
- Websites owned or managed by Bendigo Health (eg Bendigo Bank Fun Run)
- Social Media (includes Facebook, Twitter, LinkedIn)
- Staff education and training
- Bendigo Health publications
- Internal and External promotion materials (eg posters, flyers, postcards)
- Media (eg newspapers, radio, television)
- Advertising

I confirm I give this consent voluntarily and do not expect any payment or right to share in any proceeds which may result.

Names of all family members this consent relates to:

.....
Signature

.....
Witness signature

.....
Date

.....
Witness name

**Adult participants must complete this form themselves.
 Parents must complete for all children under 18 years of age.**

Privacy & Confidentiality Notice: This consent is provided to Bendigo Health Care Group (BH) for the purposes of Section 141 of the Health Services Act 1988 or Section 120A of the Mental Health Act and the Health Records Act 2001 or the Information Privacy Act 2000 as the case requires. BH is committed to protecting the privacy and confidentiality of information provided to it by its patients and staff. Information contained in the stories and photographs referred to must be used by recipients of that information strictly in accordance with the requirements of the relevant legislation and this consent.

