

Form A1

Victorian Health Promotion Foundation (VicHealth)

Video and photograph consent form

Image Number(s)
For VicHealth use only

NOTE: This form should be signed by persons appearing in photographs or video footage used by VicHealth. The form includes a privacy consent to use the person's images. A separate form should be signed by each person, or where the person is under 18 or subject to guardianship order, by their parent or legal guardian. If a person is providing the photographs or video footage to VicHealth, then this form should not be used [the Video and photograph consent form (with copyright licence) should be used instead].

Campaign / event / other details: _____

VicHealth contact: _____

Thank you for allowing an image(s) to be taken by the Victorian Health Promotion Foundation (VicHealth). This form relates to video footage and/or photographs taken of you, or if you are a parent or legal guardian, video footage and/or photographs taken of a child or other person for whom you are responsible. VicHealth would like your permission to use, in the future, the video footage and/or photographs taken today. Please read this form carefully before signing it.

Contact Details

Name of person (including contact details of parents/guardians where relevant) whose image appears in the video footage and/or photographs:

Name: _____

Address: _____

Phone: _____ Email: _____

Please complete this box if you are providing consent on behalf of the person (for example a child) appearing in the video footage and/or photographs.

Name of parent or legal guardian (if applicable):

Address: _____

Phone: _____ Email: _____

Privacy Consent

I give permission to VicHealth to use the video footage and/or photographs for any educational and/or promotional purpose that is consistent with VicHealth's responsibilities. I understand that the video footage and/or photographs may be used in a range of online and printed formats, including but not limited to printed publications, television or print advertising, online publications and on websites, YouTube, Facebook, Twitter, blogs, microblogs and any other media (including social media).

I understand that VicHealth cannot control or be held responsible for any adverse or defamatory use of this video footage and/or these photographs by third parties, once they have been published online or in printed format.

I understand that I will not receive any compensation or remuneration from VicHealth arising out of the use of the video footage and/or photographs.

I understand that VicHealth will comply with the *Privacy and Data Protection Act, 2014 (Vic)* in connection with my personal information.

Withdrawal of Consent

Please note that you are entitled at any time to withdraw your consent to the above uses by contacting the Privacy Officer by telephone on 03 9667 1333, email at privacy@vichealth.vic.gov.au or in writing to VicHealth, Melbourne Office, PO Box 13137, Law Courts, Victoria 8010.

If you do withdraw your consent, VicHealth will discontinue any further use of the image/s and/or video footage and will use its best endeavours to remove such image and/or video footage from its online publications.

You acknowledge that VicHealth's ability to remove your image and/or video footage from the internet is limited where such materials have been published by third parties.

Authorisation

I represent and warrant that I am at least 18 years of age and have read and understood this consent form. I agree to the terms and conditions above.

Signature of person appearing in the video footage and/or photographs (for persons 18 years or over or not subject to guardianship order):

Signature*: _____ Date: _____

OR

Signature of parent or legal guardian of the person appearing in the video footage and/or photographs (for persons under 18 years of age or subject to a guardianship order)

Signature*: _____ Date: _____

VicHealth's Privacy and Freedom of Information policies are available from www.vichealth.vic.gov.au