# Media Consent Form

**Staff must read notes at end before completing this form.**

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| **Staff details** | |
| Staff name: |  |
| Department: |  |
| Email address: |  |
| Telephone: |  |

1. **Information for participants**

You have been asked to contribute to materials and resources to be used by Sheffield Hallam University (the "University") for the purpose of:

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1. **Terms of agreement**
   1. The University is taking/collecting quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s) for the purposes set out in section 1 of this form.
   2. The University is under no obligation to use any part of your quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s).
   3. The personal details you give us on this form will be stored securely within the University and we will not share these with any external third party.
2. **Declaration**
   1. I have read and understood the information provided in sections 1 and 2 of this form. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
   2. I confirm that any quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s) of me (or the Participant, as appropriate), or any extracts derived from these can be used by the University for the purposes set out in section 1 of this form.
   3. I understand that these may be published on external web based applications which could be accessed by people external to the University and I consent to their use in this way.
   4. I do not object to the University storing copies of any quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s) or extracts from these for the purposes set out in section 1 of this form.
   5. I do not object to the University storing my contact details on its database in case it needs to contact me.
3. **Permission**

By providing your details below you are confirming that you have read and accept sections 1-3 of this form.

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| --- | --- |
| Participant name: |  |
| Participant signature:  (N.B. if the participant is under 16 years of age a parent/guardian signature and name is required) |  |
| Date: |  |
| Email address: |  |
| Telephone: |  |

If you have any queries about this form or wish to update your personal details please contact the member of staff identified at the start of this form in the first instance.

**Important notes for staff completing this form:**

* Please ensure that this form is completed **prior to recording**.
* **Please complete section 1** including a brief overview of what the resource/materials will be and the intended purpose and audience).
* It is the responsibility of the person named in the staff details section of this form to store the completed consent form in a secure location and present it when requested for auditing purposes.
* It is the responsibility of the person named in the staff details section of this form to store the quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s) securely and appropriately.
* The quote(s) and/or photograph(s) and/or audio recording(s) and/or video(s) should **only** be used for the purposes outlined in section 1. If you want to use the media for other purposes you will need to contact the participant to ask for their consent **before** doing so.