

We would love to be able to take your picture or video and possibly use this on our website or social media. Please complete this form to provide us with consent.

We will also use this form to other purposes such as to take pictures of clients/participants for the purposes of identification.

Client/Participant/other details:

Name:		Date of Birth:	
NDIS participant number:		Other client/reference number if relevant:	
Address:		Mobile number:	
Home number:			
Email address:			

Representative / plan nominee / legally appointed decision maker:

Please only fill out the below section if the participant/client:

- Is under 18 years of age and you have parental responsibility, or are a child representative
- You are a plan nominee
- You are a legally appointed decision maker e.g. a guardian

Name:		Date of Birth:	
Address:		Mobile number:	
Home number:			
Email address:			
Please supply evidence that you are the representative / plan nominee / legally appointed decision maker:			

Purpose of media content:

The media content may be used for purposes including, but not limited to:

- Educational materials
- Promotional materials
- Social media posts
- Website content
- Presentations and professional forums
- Publications and newsletters
- Identification of clients/participants

Duration of consent:

This consent is effective for one (1) year as at the date of the client/participants signature, unless it is revoked earlier in writing.

Revocation of consent:

I have the right to revoke this media consent at any time by providing written notice to Able To Wellbeing. However, I understand that revoking consent does not affect any media content that has already been created or distributed. Where able, Able To Wellbeing will attempt to remove any media content, if able.

Confidentiality:

Whilst every effort will be made to ensure the confidentiality of health information, I acknowledge that media content may be shared publicly and that Able To Wellbeing cannot control its further distribution.

Agreement:

I have read and understood the terms of this media consent form. I willingly grant permission for the use of my image, voice, and/or likeness in media recordings as described herein.

Business representative:

Able To Wellbeing representative name: _____

Able To Wellbeing representative position: _____

Able To Wellbeing representative signature: _____ Date: _____

Client/participant and/or representative:

Client/Participant name: _____

Client/Participant signature: _____ Date: _____

And/Or

Representative of Client/Participant name: _____

Representative of Client/Participant signature: _____ Date: _____

Note: verbal consent can be provided by the client/participant or representative. Where this occurs, this will be documented in the information system as a verbal consent. Able To Wellbeing will still discuss and complete this form with the client/participant and/or the representative.