

Form Number: TAG/MKT/001
 Form Name: Photography Permission Form 2018
 Form Created By: Mark Dawson
 Form Version: 1.0



Photography and Videography Permission Form

Section One – Personal Details of the Data Subject

Full name			
Address			
Telephone number			
Are you aged 16 years or over? (if no, a parent or guardian must declare consent)	Yes / no		

Section Two – Photography/Videography

Date of photography/filming	
Location of photography/filming	

Section Three - How we will use your data

Photography and videography will be used by The Alnwick Garden as a record of the day, and for promotional purposes. The content may appear online, on social media accounts or email newsletters, in printing materials produced for promotional purposes including, but not limited to, leaflets, posters and adverts, in materials distributed to the media or in reports to funding bodies. When publishing images/videos your name may be used, but The Alnwick Garden will not make public your address or telephone number. You can withdraw the consent you give below at any time, this will prevent The Alnwick Garden from using your information in future, but the company will not be required to retract any previous uses. All copyright is retained by The Alnwick Garden.

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please write to us at Privacy, The Alnwick Garden, Gardener's Cottage, Greenwell Road, Alnwick, Northumberland, NE66 1HB or email privacy@alnwickgarden.com. We want to make sure that your personal information is accurate and up to date, you may ask us to correct information you think is inaccurate. If you'd like us to restrict or stop processing your personal data at any time, please write to us at the above address or email privacy@alnwickgarden.com.

Section Four – Declaration

I give The Alnwick Garden permission to use images and videos as outlined above		Yes, I consent		
		No, I do not consent		
Signed by data subject or parent/guardian		Date		
Print Name				
Relationship to data subject (if applicable)				

Internal use only

Image File Location:	
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Parental Consent Form for Roots and Shoots Programme, including medical information,
SEND information and allergies.

Name of child

School

Class

Dear Parent / Carer

As part of the Roots and Shoots programme your child will be involved in learning at the garden with the gardening team and also in a classroom setting. Part of the learning will be physical activity and food taste testing, working with an NHS Northumbria Healthcare Professional. It is important for us to therefore have the following information about your child:

Medical Information

SEND Information

Allergies including any food

Signed Parent / Carer

Date.....