



Chaplaincy consent form: Images

01

**Chaplaincy
details**

Name of Chaplaincy

Name of church
representative

Name of church
representative

02

**Purpose of
image**

Church noticeboard

Church magazine

Church website

Other

Church social media

Diocesan newsletter, social media
and other diocesan publications

Church website

03

**Storage
location of
image**

Printed photo album

The cloud

Filing cabinet

Computer file
(Individuals name of computer):

The image will be destroyed
after use

04

**Consent
(aged 18
years or
over)**

I consent to images of myself being used and stored, solely for the purposes specified above.

I give permission to use my name alongside the image.

My identity is to be protected in all publication of images.

Signature

Print name

Date (DD/MM/YYYY)

**Consent
(aged
under 18
years or
vulnerable
adults)**

I consent to images of my child/the person in my care, named below, being used and stored solely for the purposes specified above.

I understand that the identity of my child/the person in my care will be protected in all publication of images.

Relationship to Child/
Person in your care

Signature

Parent/Guardian/Carer name

Date (DD/MM/YYYY)