**Photographic Competition Participant’s details:**

|  |  |
| --- | --- |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **Male/ Female** |  |
| **Category Name (please select from above three categories)** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Address** |  |
| **Postcode** |  |
| **Parent/Carer’s Name and contact details (if participant is under 16 years old)** |  |

**Consent:**

I understand and agree that my photos and videos may be shared with Hanwell Big Local, EASE, Local Trust and other Partners’ organisation for fundraising, publicity and marketing. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, other media activities (including the internet), press releases and funding applications.

I understand that the photos and videos will be held securely and HBL and EASE will comply with the General Data Protection Regulations and Data Protection Bill 2018 as set out in our EASE and HBL Privacy Notice. Copies of our EASE and HBL Privacy Notice can be obtained from our office.

I confirm that I have taken the name and contact details of the person pictured and I submit the photographic consent form.

**Print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer’s to sign the form if a participant is under 16 years old.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_