

Consent form for NHS England communications

By signing this form, you are confirming that you agree to being recognisable and/or identified on film, audio recording, photography and/or written material. This could be for an NHS publication, website or social media channel (such as NHS-run Facebook or YouTube pages). By signing this form, you also understand that NHS England has no control over the future use of materials by external/media organisations.

Purpose of recording:

Recording medium: Film/audio/photography/written

Location:

Date:

Name (Please print):

Signed:

If you are signing on behalf of a person you are responsible for (if subject is under 18/ you are the guardian/ carer/ family member/ responsible person)

Name (Please print):

Relationship to person being recorded:

Signed:

On behalf of NHS England

Name (Please print):

Job title:

Signed: