



# Media Consent Form

In order to raise awareness of Overgate Hospice and the care provided to local people living with a life-limiting illness and their families, you may be asked to be photographed, filmed, recorded or interviewed.

To comply with data protection legislation your consent is necessary before Overgate can use your image and/or information. You should also be aware that information and images that are published on the Overgate website could be viewed from outside of the United Kingdom. Please note; we **will not** include any personal contact information at any point.

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I hereby consent indefinitely, for Overgate Hospice to use the below information for promotional purposes from this date onwards. I also understand that I may withdraw my consent at any time by emailing [info@overgatehospice.nhs.uk](mailto:info@overgatehospice.nhs.uk) or calling 01422 387121 but that this would not be applicable to items that have already been produced.

## Your Details

Full name	
Address	
Post Code	
Telephone number	
Email address	
Date of birth	

## Next of Kin Details

Full name	
Relationship to you	
Address and post code	
Telephone number	

My family/carer will be made aware of my consent (if applicable)

I am happy for the below to be shared:

- Photograph       Story       Audio Recording  
 Full Name\*       Quote       Video

\*If you would prefer us to use just your first name, please tick here

Please indicate where you are happy for the above to be featured:

- Newsletter       Overgate Website       Social Media       Local Press  
 When thanking our supporters       As part of an appeal       General Marketing

**Conditions of use:**

1. You have the right to withdraw your consent at any time however please note that publications that have already been distributed may still be in circulation.
2. This form is valid for seven years from the date of signing. The consent will automatically expire after this time. Overgate Hospice will not re-use any images after this time without gaining further consent.
3. Overgate Hospice will NOT include any contact details when using the information provided.
4. This form will be entered into our secure database.

*If the person named above is under 16, this form must be signed by a parent/guardian.*

Signed: ..... Date: .....

**For office use only:**

Information obtained by	
Photograph taken by	
Passed to Marketing & Comms Team by	
Passed to who in the M&C Team	
Date passed to M&C Team	
Saved location	
File Name	
Date consent added to DF	
Donor ID	