**Consent Form**

# I am signing this form to give permission for:

**For myself (I am over 16)**

**For my child / as the child’s legal guardian or carer**

**Name:**

**Address:**

**Telephone/Email:**

I hereby agree to my / my child’s picture, voice or video being used by People’s Voice Media, the Institute of Community Reporters and its members and any member of the NACCS project. I understand the picture, voice and/or video recording will be publicly available on communityreporter.net and may be used in the press/media, newsletters, Internet, reports and other platforms that showcase the work of , the Institute of Community Reporters and its members, and of NACCS project partners.



I understand that my participation is voluntary and that I am free to withdraw at any time via informing (name organization): ……………….



I have been given a NACCS project information sheet.



I consent to NACCS storing and using the data contained on this form in compliance with the EU General Data Protection Regulation.

Please sign below to show that you agree to and understand the above statement and the check boxes that have been ticked.

#  Signature: Date: