



**etb**

Bord Oideachais agus  
Oiliúna Dhùn na nGall  
Donegal Education and  
Training Board



donegal  
music  
education  
partnership

## STUDENT / LEARNER / STAFF IMAGE CONSENT FORM

### **Please Tick as Appropriate:**

I consent to my image and spoken words being used in photos and/or videos taken and/or filmed during Donegal ETB / Donegal Music Education Partnership related activities:

Yes

No

Photos and video footage may be taken/filmed by:

1. Donegal ETB / DMEP teaching and communications staff.
2. Professional photographers and film crews employed by Donegal ETB / DMEP and its schools/centres/programmes/services.
3. External trainers/facilitators/speakers brought in to deliver educational/information sessions by Donegal ETB / DMEP and its schools/centres/programmes/services.

Photos and video footage may be used by Donegal ETB / DMEP to promote its activities (currently and in the future):

1. in print media e.g. newspapers, magazines, brochures/leaflets, posters, prospectus, reports, books and other similar publications.
2. on Donegal ETB's / DMEP website and any other online publication of associated schools/centres/programmes/services.
3. on Donegal ETB's/ DMEP social media accounts (Twitter, Facebook, YouTube, LinkedIn and any other/future similar accounts) and those social media accounts of associated schools/centres/programmes/services.
4. Any further similar media outlets that may be developed.

I understand that I can withdraw my consent at any time by informing a member of Donegal ETB's / DMEP staff in writing. Please complete **only one** of the sections below.

### **SECTION A: To be completed by Students/Learners under 18 years old and their Parent/Guardian only**

Name of Student/Learner (Please Print): \_\_\_\_\_

Student/Learner Signature: \_\_\_\_\_

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

### **SECTION B: To be completed by Students/Learners/Staff over 18 years old only**

Name of Student/Learner/Staff Member (Please Print): \_\_\_\_\_

Student/Learner/Staff Member Signature: \_\_\_\_\_

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