

THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT PHOTO CONSENT FORM

The Department of Planning and Community Development runs a range of grants programs and works with all levels of government and community organisations to build stronger communities.

This consent form covers your involvement in a series of photos being taken for the Department. The photos may be used by the Department in publications, brochures and on internet sites to promote a range of initiatives and whole of government programs. Please read this form carefully before signing it.

If you have any questions please contact the Director of Corporate Communications, phone 9208 3686.

1. Your Details

Name of person: _____

Address: _____

Postcode: _____ Daytime phone number: _____

Email: _____

2. Provision of Consent to use Photographs

- a) I give my consent to the Department of Planning and Community Development (and any person authorised by the Department) to copy or reproduce images of me (whether by photo, film or other electronic or printed media) as the Department may determine, without acknowledgment of myself and without my entitlement to any remuneration or compensation now or in the future.
- b) I acknowledge that the photographs are the property of the Department.
- c) The Department agrees not to use any image in a manner that may be deemed adverse, or defamatory to the person signing this form. The Department further agrees that it will not use the image for any political or commercial gain.

3. Authorisation

I hereby agree to the terms and understand the conditions set out above.

Signature _____ Date: ____/____/____

Office Use Only

Name of Project / Event: _____

Name / area of DVC staff member responsible: _____

Identifying features (e.g. clothes, activity
gender, approx age) _____

Image Number/s: _____

CF Number: _____

Processed



**THE DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT PHOTO CONSENT FORM
Child**

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If you have any questions please contact the Director of Corporate Communications, phone 9208 3686.

2. Your Details

Name of child: _____

Name of parent or guardian: _____

Address: _____

Postcode: _____ Daytime phone number: _____

Email: _____

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Name / area of DVC staff member responsible: _____

Identifying features (e.g. clothes, activity
gender, approx age) _____

Image Number/s: _____

CF Number: _____

Processed

