

# Document Control

<b>Title: Consent Form for the Use of Photographs, Videos and Interviews</b>			
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<b>Directorate/ Network: North West, North Wales and the Isle of Man Congenital Heart Disease Operational Delivery Network</b>			
<b>Version</b>	<b>Date Issued</b>	<b>Status</b>	<b>Comment/ Change/ approval</b>
V.10	01/06/2021	Draft	Initial draft sent out for comments – no amendments required
V1.0	08/06/2021	Draft	Shared with Comms team at AH
V1.0	06/12/2022	FINAL	Added GDPR + signature of person taking consent
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<b>Superseded Documents: N/A</b>			
<b>Issue Date:</b> 06/12/2022		<b>Review Date:</b> December 2025	<b>Review Cycle:</b> 3 years
<b>Stakeholders Consulted (list all)</b> <ul style="list-style-type: none"> <li>&gt; Communications Team at Alder Hey NHS Foundation Trust</li> <li>&gt; South West + South Wales CHD Network</li> <li>&gt; North East CHD Network</li> </ul>			
<b>Approved By: Paed and Adult RT&amp;FG's on behalf of the North West CHD Network Board</b> <b>Date: 19/12/22</b>			
<b>Comments:</b>			
<b>Document control:</b> The controlled copy of this document is maintained by NW CHD Network. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.			

## North West, North Wales and Isle of Man Congenital Heart Disease Operational Delivery Network (NWCHDN)

### Consent Form

### For interview, photography or filming



**Name (person in the photograph):**

**Address:**

**Postcode:**

**Email address (if you have one):**

It has been explained to me and I understand that any interviews, pictures or films taken of me or my child will be used in relation to promoting the NWCHDN, illustrating patients' and staff experiences only.

I understand that all or part of the video footage and/or photographs may be used in conjunction with any form of illustration and text within NWCHDN publications, advertising, websites and social media sites owned by the Network. As a result, I understand that the general public worldwide may see the video footage and/or photographs.

Participation in this photography / interview / sound recording / broadcast (*delete as appropriate*) is voluntary and I may withdraw this consent at any time. Once published into the public domain such withdrawal may not affect material already published for the purpose stated above. Once the photography/ interview/ filming (*delete as appropriate*) is complete the rights belong to The North West, North Wales and the Isle of Man Congenital Heart Disease Network.

Refusal or withdrawal of consent will in no way affect my or my child's clinical care.

The North West, North Wales and the Isle of Man Congenital Heart Disease Network cannot control the use or disclosure of information about me or my child relating to this photography / interview / filming (*delete as appropriate*) once published and I accept that the Network is not liable for the use or disclosure of information relating to the broadcast / article / website / publication (*delete as appropriate*) for which I have agreed to participate.

The Network will keep the media for a period of three years and then securely delete or destroy it. This shall not apply to any portions published into the public domain.

I hereby give my informed consent for myself or my child to be **interviewed / filmed / photographed** and used by NWCHDN as set out above. I know I will not be paid for allowing the video footage and/or photographs to be taken and used. I am giving this consent freely and without any expectation of more or preferential treatment from the NHS because of it.

To be completed by person, parent, guardian or carer as appropriate

**I agree with the above statement:**

**Signature:**

.....

**Name (capital letters):**

**Date:**

Tick as appropriate:



**I am the person (>16yrs)** ☐ represented in the video and/or photograph  
**DOB:**

**Parent of a child <16yrs** ☐ represented in the video and/or photograph  
**DOB of the child:**

**Guardian or carer of a child (< 16yrs)** ☐ represented in the video and/or photograph  
**DOB of the child:**

Personal information given above will not be used for any other purpose  
 Photo reference number:

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To be completed by person taking consent:

**Signature:**

.....  
 .....

**Name (capital letters):**

**Job Title:**

**Date:**

