

Permission form



In giving Action for Children permission to use your material (photograph/case study/artwork/poetry etc) you are supporting the vital work the charity does for vulnerable children and young people. If you would like a copy of anything your material is used in, please request one and we will send it to you. Thank you.

Personal details

Name(s) of subject(s):¹ _____

Age(s) – if under 18: _____

Address: _____

Telephone: _____

Type of material: _____

I give Action for Children² the right to use the material named above.

I understand that my material will become part of Action for Children's library and may be used in/on:

- printed Action for Children publications
- Action for Children websites
- TV/radio
- electronic documents
- newspapers, magazines, advertisements
- any other appropriate media (please delete as appropriate)

I understand that my material will be stored and used for up to five years from today's date, unless otherwise specified below.

Restrictions and comments

If you want your material to be stored for less than five years, or if you have any other restrictions or comments, please indicate below: _____

This permission form has been explained to me by _____

(a member of Action for Children staff)

1 The subject is the person who appears in the photograph/case study or who has submitted his/her artwork/poetry etc. This form can be used for several members of one family.

2 All references to Action for Children in this form include a reference to any successor of Action for Children.

Central Office:
85 Highbury Park
London N5 1UD
Telephone: **020 7704 7000**
Fax: **020 7226 2537**
www.actionforchildren.org.uk

Case study/artwork/poetry use

I understand that this is how I will be identified:

- first name full name anonymous
 pseudonym (please specify below) _____

Photographic use

I understand that my materials will be used to illustrate: _____

Action for Children use only

This form is part of Action for Children's informed consent standards.

Batch/reference no: _____

Project name: _____

Contact person: _____

Telephone: _____

Action for Children project manager signature: _____

Date / /

AD signature: _____

Date / /

Signature of subject: _____

Name of guardian:³ _____

Signature of guardian:³ _____

Date: / / _____

³ If you are under 18, your parent/guardian should also sign the form