

Audio/video Consent form

Please read this form carefully. It sets out the terms on which you agree to the British Council taking photographs and/or making video or audio recordings of you and using those photographs or recordings. Please complete, sign and return this form to a representative of the British Council.

Event/Project/Activity:			
Target audience of the event/project/activity:			
Responsible team/dept of the event/project/activity:			
Name of the customer			
Age	Date of Birth (if under 18)		
Phone	Email		

I hereby:

- agree to the British Council photographing and/or recording me and give permission to the British Council to use any
 material in the photographs and/or recordings where the copyright or any other rights are owned by me;
- confirm that the British Council shall be entitled to use, free of charge, the photographs and/or recordings made of me
 (without having to identify me by name), in their original format or edited, adapted or altered, for the purposes of the
 British Council's internal and external promotional and publicity materials and for any programmes, publications,
 websites, electronic publications and social media services worldwide produced by or on behalf of the British Council;
 and
- agree that the British Council shall be entitled to pass the photographs and/or recordings of me, and my name, to
 external press and media agencies, publishers and broadcasters, and to partners and other third parties with which the
 British Council works, anywhere in the world, for the purposes set out in this Consent Form.

Anyone who has the right to withdraw their consent can withdraw their consent at any time. Withdrawing your consent will not affect any images or videos that have been shared prior to withdrawal. If you would like to withdraw your consent, you must submit your request in writing to (name and email)

TO BE COMPLETED WHERE THE INDIVIDUAL IS UNDER THE AGE OF 18		TO BE COMPLETED WHERE THE INDIVIDUAL IS 18 YEARS AND ABOVE	
As the Subject's Parent / Guardian, I hereby agree to the terms set out in this Consent Form		By signing this Consent Form, I agree to these terms set out above	
Name of Parent / Guardian		Name	
(E-)Signature		(E-)Signature	
Phone:	Email:	Phone:	Email:

Your Rights: Under the UK Data Protection Act 1998 you have the right to ask for a copy of the information we hold on you, for which we may charge a fee, and the right to ask us to correct any inaccurate information. For more details please contact your British Council contact or the Data Protection Team: dataprotection@britishcouncil.org.