Australian Government crest, Department of Veterans' Affairs branding

**Consent for use of name, photographs and/or recordings**

The Commonwealth of Australia (‘the Commonwealth’) represented by the Department of Veterans’ Affairs (‘the Department’) and/or its respected Minister seeks your permission to use the photographs and/or recordings of yourself for the purposes detailed below. Your name may be used in the materials produced.

**Acknowledgement and consent**

I or my legal representative (a term that could include a guardian or a person exercising my power of attorney):

* Acknowledge that I have read the content and been given a copy of this form;
* Acknowledge that I have read and understood the Privacy Collection Notice attached to this form;
* Acknowledge that I am over 18 years of age (for children under 18 years a parent or guardian must sign);
* Consent to the use of the photograph/recordings described on this form by the Commonwealth now, and at any time in the future, including after my death, for the purposes below;
* Understand that once any of the images referred to above have been published, the Commonwealth has no control over subsequent use and disclosure of the images;
* Understand that the Commonwealth does not guarantee that the images will necessarily be used;
* Understand that I will receive no payment from the Commonwealth for the use of my image in generally available publications; and
* Understand that I or my next of kin, where identified, can withdraw permission for the further use of my image at any time by written request to the Commonwealth at the below.

The Department recommends that you discuss with your next of kin the contents of this form in relation to the use of your photographs/images in the event of your death.

**The Department of Veterans’ Affairs (DVA) Photo and Video Library**

The DVA Photo and Video Library is a collection of photographs and recordings used by the Department from time to time for a wide variety of departmental purposes such as publications, social media, presentations, websites, posters and newsletters.

For the purposes of the *Privacy Act 1998*, these are classified as generally available publications.

From time to time, at the Department’s discretion, selected images and recordings may be given to other government agencies or stakeholder organisations, including media organisations, for similar usage.

The Commonwealth of Australia will hold copyright and other intellectual property rights for all images taken.

When children are appearing in photographs/recordings, their parents (or legal guardians) are required to sign consent form authorising the use of the images for the purposes detailed below.

If a consent form is not signed in respect of every person in the photograph/recordings, the image cannot be used and will be destroyed.

Thank you for your co-operation.

**Enquiries about this project should be directed to:**

Director Public Affairs

Department of Veterans’ Affairs

GPO Box 9998 Brisbane Qld 4001

publications@dva.gov.au

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| Printed Name of Person (or legal representative, parent or guardian if necessary) |  |

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| Signature of Person (or legal representative, parent or guardian if necessary) |  | Date |  |

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| Address |
| State Post Code |

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| Phone | ( ) | Email |  |

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| --- | --- |
| Name of Next of Kin (optional) |  |

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| Address of  Next of Kin (optional) State Post Code |

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| Description of photos/recording | *Veterans’ Health Week 2024 -* | Date | Click or tap to enter a date. |

## Consent for use of Photographs and/or Video Images – Group form (Please ensure that you read the Acknowledgement and consent section before signing)

**Veterans’ Health Week Event Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name (print)** | **Address** | **Phone** | **Signature** | **Next of kin name and contact number (optional)** | **I consent to the inclusion of my name with the image(s):**  **Yes / No** |
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| **Name (print)** | **Address** | **Phone** | **Signature** | **Next of kin name and contact number (optional)** | **I consent to the inclusion of my name with the image(s):**  **Yes / No** |
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