



Derbyshire County Council Adult Care

Audio Recording / Photography Consent Form

To be completed by individual(s) before being recorded or photographed

I have fully discussed the content of this form with the person(s) mentioned below.

Participant

I hereby grant Derbyshire County Council the right to use the audio recording and any photograph(s) resulting from this interview, and any reproductions or adaptations of the these for all general purposes in relation to Derbyshire County Council's Adult Care work including, without limitation, the right to use them in any publicity materials, leaflets, posters, newsletters papers and web use whenever Derbyshire County Council chooses to do so.

Name: (please print)

Address:
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Signature: Date:

Project Lead Name:

Signature: Date: