

## Consent Form: Photography

*This form is used to record agreements with service users (residents), to allow their photographs to be used within Knellwood for identification purposes during care and treatment, and for display or publicity purposes, (eg: on CCTV, or in the Newsletters, which may be circulated outside Knellwood by relatives.)*  
***It must be kept securely with the Care Plans.***

**Resident's Name:** .....

-----  
*Complete either Section A or B*  
-----

**Section A**     *(to be signed by the resident)*

I hereby give my consent to my photographs being used as described above.

Signature: .....

Date: .....

**Section B**     *(to be signed by the resident's lawful representative if the resident lacks the capacity to give their consent)*

I hereby give my consent to photographs of ..... *(the resident)*  
being used as described above.

Signature of resident's lawful representative: ..... Date: .....

*(Please note: You will be signing on behalf of all your relatives.)*

Signature of Manager accepting responsibility: ..... Date: .....