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| Consent form: use of your name, image, testimonial, video or sound recording |
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| **Project name** | Victorian Government’s Youth Policy 2018 |
| **Department contact** | youth@dhhs.vic.gov.au/ 9096 9023 |

The Department of Health and Human Services (the **department**) on behalf of the State of Victoria, would like to use the name, image, testimonial, video or sound recording of you, your child, or an individual for whom you have authorised decision-making responsibility (as the case may be), for the purpose of the project and for future projects.

**Please read this consent form carefully before signing.**

The department recommends that you obtain independent legal advice if you do not understand the nature of the consent you are being asked to provide or the meaning of any of the terms or provisions contained in this consent form.

# What is this consent form for?

This consent form authorises the department to use the name, image, testimonial, video or sound recording of in publications, websites, productions and presentations in connection with the project or future projects.

The consent extends to use of any name, image, testimonial, video or sound recording in whole or part and to any adaptations used alone or in conjunction with words, sounds or images.

# What is an image, testimonial, video or sound recording?

An image, testimonial or recording referred to in this consent form includes photographs, artistic works, video, film or sound recordings, written statements or accounts, transcriptions of sound recordings and adaptations of an image, testimonial or recording referred to in this consent form.

# Modification or withdrawal of consent

You can modify or withdraw your consent in writing at any time. However, any changes to the use of the name, image, testimonial, video or sound recording will only apply from the date the department receives your withdrawal or modification of the consent. Any existing material in which you, your child’s or an individual for whom you have authorised decision making responsibility’s name, image, testimonial, video or sound recording is used will not be withdrawn from use and publication.

# Privacy information

The department is collecting the information contained in this consent form to verify the consent for use of your, your child’s or an individual for whom you have authorised decision making responsibility’s name, image, testimonial, video or sound recording for the purposes contained in this consent form.

The department is required to comply with the *Privacy and Data Protection Act 2014* (Vic) in relation to the collection, use, storage, security, and disclosure of personal information.

If you have any queries about any privacy issues that relate to this consent form, please contact the department’s privacy team on (03) 1300 884 706 or email the Privacy team <privacy@dhhs.vic.gov.au>.

# Consent and release

## 1. Consent

I give my consent to the State of Victoria (acting through the department), without any personal compensation, to use my, my child’s, or an individual for whom I have authorised decision making responsibility, name or image for the purpose contained in this consent form.

I also give my consent for any testimonial, video or sound recording, or any other contribution of mine, deemed to be a performance under the *Copyright Act 1968* (Cth) taken of, or created by, me, my child, or an individual for whom I have authorised decision making responsibility, and to, without any personal compensation, use or retain such testimonial, video or sound recording**.**

I assign to the department the ownership of any copyright I own or may acquire in my, my child’s or an individual for whom I have authorised decision making responsibility’s image, testimonial, video or sound recording, and grant the department a royalty free licence to use any other copyright material of mine, my child or an individual for whom I have authorised decision making responsibility, to the extent necessary to allow the department to exercise its rights in the image, testimonial, video or sound recording.

I consent to any and all acts or omissions, whether occurring before or after the giving of this consent that may otherwise infringe any moral rights in the image, testimonial, video or sound recording.

I consent to my, my child’s or an individual for whom I have authorised decision making responsibility’s name, image, testimonial, video or sound recording being reproduced, published or otherwise used by the department in various forms, including but not limited to reports, newsletters, websites, films and brochures, with or without descriptive text or commentary.

## 2. Release and waiver

I waive any rights, claims or interest I may have to control the use of my, my child’s or an individual for whom I have authorised decision making responsibility’s, name or image, testimonial, video or sound recording in connection with the project or future projects and I release the department in relation to same.

## 3. Undertakings

I understand that by giving consent, the department can use my, my child’s or an individual for whom I have authorised decision making responsibility’s name or image, testimonial, video or sound recording in publications, websites, productions and presentations in connection with the project or future projects. The department may reproduce, in whole or in part, the name, image, testimonial or video or sound recording in any form or medium including the Internet, CD-ROM or other multimedia. The department may provide my, my child’s or an individual for whom I have authorised decision making responsibility’s name, image, testimonial, video or sound recording to any other government department. It may also licence the name, image, testimonial, video or sound recording to any agency or other organisation as it sees fit.

I warrant that if my, my child’s or an individual for whom I have authorised decision making responsibility’s name, image, testimonial, video or sound recording includes any copyright material belonging to other people, I have permission from the copyright owners to use, and to allow the department to use, that material.

I understand that the department:

1. will not pay me for giving this consent or for the use of my, my child’s or an individual for whom I have authorised decision making responsibility’s name, image, testimonial, video or sound recording
2. may keep the image, testimonial, video or sound recording and
3. may use my, my child’s or an individual for whom I have authorised decision making responsibility’s name, image, testimonial, video or sound recording for this project or other future projects.

## 4. Your details and authorisation

I agree to the terms and conditions. **Please fill in your details and sign.**

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Telephone |  |
| Email |  |
| Address |  |
| Full name and address of guardian (if consenting for a person under 18 years of age or where otherwise applicable) |  |
| Signature |  |
| Date |  |

**Note: While the department will use its best endeavours to verify the identity of the person signing this consent form, it takes no responsibility for loss or damage in circumstances where it is misled as to the identity or authority of the person signing the consent form.**

**The person signing the form is consenting to ‘the name, image, testimonial, video or sound recording’ being published or otherwise used by the department in various forms, including but not limited to reports, newsletters, websites, films and brochures, with or without descriptive text or commentary’.**

**If the person signing this form wishes to limit the consent given, they must provide details of this in writing by attaching a signed letter to this consent form.**

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