



## Media Consent Form (Version 1, 2014)

The Association of Child Life Therapists Australia (ACLTA), formally known as AAHPS, is the peak professional body representing Child Life Therapists working in paediatric healthcare in Australia.

The Association of Child Life Therapists Australia's **core purpose** is to:

- Promote and grow the profession of medical play practitioners in Australia
- Generate and monitor professional standards through a formal Accreditation process
- Encourage professional development, networking, research and publication
- Lobby for the employment of appropriately trained staff
- Liaise and network with organisations with common objectives

ACLTA may, from time to time, wish to use images submitted by its members and supporters for use in promotion of the profession.

- If we take a photo/video/other media that includes you (or your child) at an ACLTA event (or other facility), you will be asked to fill out this form, including the purposes for which you consent for your/your child's image/media to be used.
- Should you wish to contribute you own photo/video/other media, you will need to use this form to provide consent, and the purposes for which your/your child's image/media can be used.  
Others in your photo (i.e. onlookers or co-workers) will also need to provide consent on a separate form.

If you wish to withdraw consent at any time, or have any questions, please email us at [email@childlife.org.au](mailto:email@childlife.org.au).

Kind regards,  
The ACLTA Executive

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### CONTACT INFORMATION OF PERSON INCLUDED IN PHOTO/MEDIA, OR PROVIDING PHOTO/MEDIA

*All Contact Details MUST Be Completed – records will be held in a secure location*

Full Name:

Position and Facility (if applicable, e.g. Child Life Therapist):

Address:

Best Contact Phone Number:

Email Address:

Name of children also included in photo/other media, and ages:

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*NB If other parties appear in this media (e.g. in a photo), they also must provide a separate consent form.*

Are there other people's images/voice/other included in the media you are providing? YES / NO

Are they also providing consent (on a separate form)? YES / NO

## MEDIA/PHOTO PERMISSION

Number/description of photos/video/other media recorded and/or provided on this occasion:

### Do you give permission for:

Photos to be taken of you/your child(ren) by AAHPS/ACLTA Members **Yes  No**

Photos of you/your child(ren) to be used for the promotion of AAHPS/ACLTA (e.g. Social Media, Reports Brochures or Print) **Yes  No**

Are you providing consent for the usage of this media as a one-off (i.e. for a specific campaign/purpose)? **Yes  No**

If YES, what purpose is this? (Example: ACLTA video, Facebook update etc.):

If NO (optional): I allow AAHPS/ACLTA to use this media, for promotional purposes,  
from this date onwards: **Yes  No**

## CONSENT

I agree to indemnify AAHPS/ACLTA's volunteers and staff against any claim in regard to usage of the above mentioned media.

I hereby consent usage of this media for the promotion of AAHPS/ACLTA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Legal Guardian of children named here: \_\_\_\_\_)