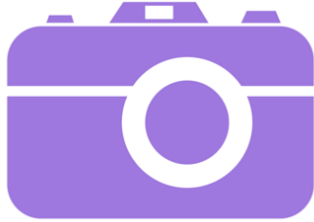
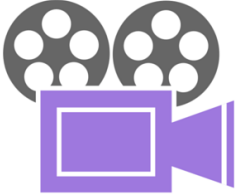





Media Permission



Can we take a picture of you or film you?

We might use your photograph for:

	<p>Video or DVD</p>
	<p>Our website</p>
	<p>Leaflet or Display Board</p>
	<p>Social Media</p>



If this is ok with you please write your name in the box below.

Name	
Signature	
Date	

Can we use your name with the photograph or video?

Please, put a tick in the box you agree with

Full Name	First Name Only	Anonymous
e.g. John Smith	e.g. John	e.g. Learner A

If signing on behalf of an individual, please print name and state your relationship to the individual.

Name	
Relationship to Person	