**This form is to be signed by individuals consenting to their image being used in the production of promotional materials/project work/research or learning materials by Northumbria University and its representatives.**

Please read the sections below, then sign and date the form where shown. Any images taken, or any other information you provide will not be used for any other purpose.

|  |  |
| --- | --- |
| Project/ Campaign Title or Description | Postgraduate student profiles |
| Contact Name  | Ruth Erdal | Intended Publication | On the University Website |[x]
| Department | Marketing |  | In Printed Publications |[x]
| Email | nu.postgraduate@northumbria.ac.uk |  | Via Social Media |[x]
|  |  | Other (please specify) |  |[ ]
|  |  | Consent is requested for the period specified below and will expire after this time.  |
| Telephone | 0191 227 4279 | From | 17/05/2018 | To | 31/12/2021 |

I can confirm that Northumbria University has provided me with an information sheet outlining the activity/project that my image will be used for as described above. In accordance with Article 6(1)(a) and Article 9(2)(a) of the General Data Protection Regulations, I consent to Northumbria University, or their representative, processing my image for the purposes described above. I also agree to their storing of my contact details in case they need to contact me. I understand that I am consenting to my image transferring outside the European Economic Area (EEA) for the purposes described above. I understand that I can withdraw my consent at any time by contacting the University, at which point they will cease to use my image. I accept that copies of the image which have already been used or provided to third parties in printed media cannot be withdrawn from circulation. [ ]

I also consent to my name being published along with the image [ ]

If the person is under 16: I am the parent/legal guardian of the person photographed, and I and am authorised to sign in place of the person photographed. [ ]

|  |  |
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| Name of person photographed |  |
| Name of signatory if different |  |
| Email Address |  |
| Signed |  |
| Date |  |