**Data Consent Form**

We **store some information** about the patients and carers who participate in **involvement activities** with Greater Manchester Rehabilitation and Integrated Stroke Delivery Network.

This helps us to make our **involvement processes simpler** and allows us to **contact you** about opportunities to **take part**.

The **information includes,** but isn’t limited to:

* Your **name**
* Your **contact details** e.g. phone, email, address
* The **borough** you live in and/or have accessed services in
* **Other information, experiences** and **comments** that you choose to share with us

The information will be **stored confidentially** by us**.** It will only be used for the purposes of patient and carer involvement within the network.

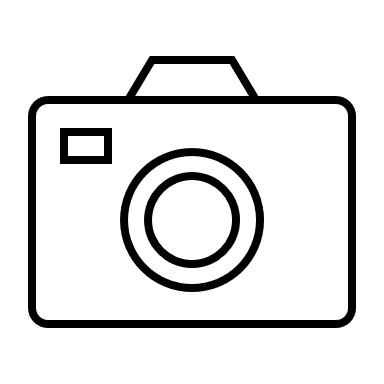
**Your consent**

**I understand that the network will use and store my data only for the purpose of involvement activities. I understand that I can withdraw my consent for this at any time without giving a reason and the network will delete my data.**

**Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The network is hosted by the Northern Care Alliance NHS Foundation Trust and is subject to its rules on managing data. Its Patient Privacy Notice is available [here](https://www.northerncarealliance.nhs.uk/patient-information/northern-care-alliance-nhs-foundation-trust-privacy-notice).

**Photography/Video Consent Form**

**Name of photo/videographer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location(s**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject/issue:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photos/ videos could be used (tick all that apply):** Press publicity [  ] Social media [ ] Annual report [  ] Group marketing [  ]  Website [  ] Staff newsletter [  ] YouTube [  ]  Conferences [ ] Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to restrict where your photo/video can be used, please provide details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions of Use**

Your **photograph or video** may be used within publications, journals, textbooks, advertising (online/offline), websites, posters, newsletters or other media forms.

If you wish to **restrict usage** to specific media types, please indicate on the form above which types are to be excluded.

We will we not use **real names** or other identifiers unless you have specifically **agreed** to this.

Consent to use the photo/video will be valid for **3 years**. If you wish to withdraw consent or have a question about the use of your image/video, please email [XXX@nca.nhs.uk](mailto:XXX@nca.nhs.uk) or calling 0161 XXX

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**Your consent**

**I understand** that any photos/ videos taken of me will be used for the purpose of promoting the **principles and practices** of the Greater Manchester Rehabilitation and Integrated Stroke Delivery Network.

**I understand and agree** that all or part of my photos/video footage may be used in conjunction with other forms of illustration and text within publications, advertising, or other forms. As a result, if used online, **I understand** that the general public worldwide may see the photos or video.

I know I can **withdraw consent** at any time by emailing [XXX@nca.nhs.uk](mailto:XXX@nca.nhs.uk) or calling 0161 XXX. I **understand** that once the image/video is in the **public domain**, it may not be possible to remove them completely.

I give my **consent** for photographs/videos to be taken of me and used as part of the network’s communication activity as set out above. I know I will not be **paid** for allowing the photos to be taken and subsequently used.

Name of individual(s) featured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_