

MEDIA CONSENT FORM



Boroondara Cares

Permission for the duration of your involvement with Boroondara Cares

Applicant Name: _____

As part of your involvement with Boroondara Cares, you may have your photo taken at an award ceremony, an event, a workshop or a special activity. This includes photos by cameras and video cameras. You may also be photographed or filmed by the media for a newspaper, including local papers, or by a TV station. You may also be asked to undertake an interview for a story about your scholarship which will appear in the media. Your image and profile may be published on our website, in our newsletter or annual report. It may also be used at a conference or meeting to advertise our work.

Boroondara Cares uses profiles of its scholarship recipients to help advertise our scholarships and programs to potential applicants and supporters. Please be assured that all names and information that may identify you or your family will be changed if a profile is created based on your story.

Refusal to be involved in publicity for Boroondara Cares will in no way affect your ability to receive further scholarships from Boroondara Cares, nor will it affect your chance to participate in our programs.

If you would like to discuss this further prior to making a final decision please contact Helen Worlidge on mob: 0438 024 764

You may withdraw your permission at any time and if we have created a profile based on your story, Boroondara Cares will destroy the profile so that it cannot be used again.

PUBLICITY AGREEMENT Applicant name: _____

I have read and understood and accept the conditions stated in this letter. Date _____

I **do consent** to my image, story or profile being used for Boroondara Cares media purposes.

I **do NOT consent** to my image, story or profile being used for Boroondara Cares media purposes.

_____ Scholarship Recipient Name (please print)

_____ Scholarship Recipient Signature

_____ Parent / Guardian Signature

_____ Parent / Guardian Name (please print)

_____ Nominator Signature

_____ Nominator Name (please print)

Please photocopy this letter and keep a copy for your own records.
Please return the original to Boroondara Cares at your earliest convenience.