

## Employer Engagement, Stem and Schools Centre

### Consent Form – Photography of Students in College

West Lothian College are requesting your consent for the purpose of photography, filming and marketing. Please complete below as appropriate.

- 1 The consent given upon signature of this form will be valid for the **entire period of the student's attendance at this College**. Your consent may be withdrawn by contacting the Marketing team, [marketing@west-lothian.ac.uk](mailto:marketing@west-lothian.ac.uk)
- 2 Photography includes film, video, and digital imaging.
- 3 Parent means anyone with parental responsibility for a student.
- 4 This form relates to photography in college, that is, whenever and wherever students and young people are the responsibility of College staff.

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

Taken photographs and video film of your child's successes and achievements has traditionally been an important family record of her/his development in collage and also forms part of performance assessment in college.

To comply with the Data Protection legislation we need your permission before we take any images of your child.

#### Section 1

Please indicate below whether or not you wish your child to be included in photography in connection of your child.

- Publicity and promotion
- Recording of events

Please ✓ the appropriate box

I **agree** to my child's photograph being taken for the purposes mentioned above

I **do not agree** to my Child's photograph being taken for the purposes mentioned above

## Section 2

Please indicate below whether or not you wish your child to be included in photography in connection of your child.

- Promotional literature, displays and publicity and on the College's Intranet and /or internet sites. Any such photography will be destroyed within a period of three years.
- Photography by the press when they are invited onto College to cover events celebrating success.
- Parental photography at College plays and concerts, prizegivings and other performances or at sports events.
- Photography by or shared with key partners including: Skills Development Scotland, Scottish Funding Council and Local Authority.

Please  the appropriate box

I **agree** to my child's photograph being taken for the purposes mentioned above

I **do not agree** to my Child's photograph being taken for the purposes mentioned above.

**Parent Name:** \_\_\_\_\_  
(Block capitals please)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Students over school leaving age may complete this form on their own behalf.

**Student Name:** \_\_\_\_\_  
(Block capitals please)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_