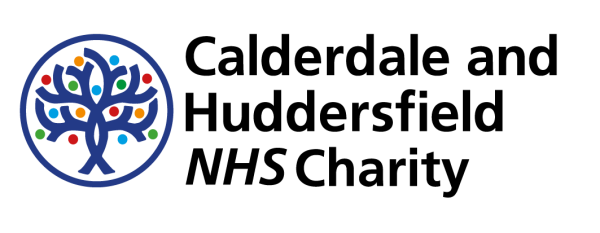
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**MEDIA CONSENT FORM**

|  |  |
| --- | --- |
| Your details | |
| Your name |  |
| Address |  |
| Post Code |  |
| Home/work telephone |  |
| Mobile telephone |  |
| Email address |  |

|  |  |
| --- | --- |
| Media Consent Details |  |
| This is to certify that I consent to photos/filming/interview/link to fundraising page (my child/my relative) being published to promote CHFT and CHFT Charity on the following: |  |
| Facebook [ ] Twitter [ ] Instagram [ ] www.chftcharity.co.uk [ ]  Charity newsletter [ ] Other publicity materials [ ]  I am aware that once a photo is used the photo can be shared and will reach a wider  audience [ ]  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_ |  |

Please return your completed form to[chftfundraising@cht.nhs.uk](mailto:chftfundraising@cht.nhs.uk) or by post to:

**Calderdale and Huddersfield NHS Charity**

Huddersfield Royal Infirmary

Huddersfield

HD3 3EA