**Keep in touch with us**

****Thera and Gig Buddies would like to keep you informed about what is happening in the organisation. Please specify on this form what options you consent to by marking the boxes. You can contact us at any time to if you change your mind about what you have consented to. Please note we will still contact you about your support.

****Please indicate below what you would like to receive from
Thera:

Newsletters (e.g, Thera Voice, society people)

Fundraising news updates

Information about events which are happening in your local area

**Media consent form**

Thera and Gig Buddies would also like to use your stories, photos, video and audio for a variety of projects and marketing materials.

When you have completed this form please return it to the Data Protection Team. Contact details can be found at the end of the form.

****I give my consent for Thera to capture my image and/or voice using the following methods:

 Photograph

Video recording

Audio recording

Stories (about you and your life / experiences)

****I give my consent for Thera to use my stories, photos, videos and audio recordings for:

Presentations to be used internally and externally (AGM, Workshops, meetings with local authorities)****

Media and promotional publications (newsletters/Thera Voice/leaflets, press releases, marketing etc.)

Recruitment and training materials

Reports

Thera Group websites, Thera’s Facebook, Twitter and LinkedIn pages

Fundraising letters/ Tendering bids (your image/story would be used as an example to help us win new contracts)

‘Life of Thera’ Project (keep photos, videos/audio, stories)

I want to be told every time my story, photo, video and audio recordings are used for the items I have selected.

I DO NOT want my real name to be used

Please tick the boxes below to tell us how you would like to be contacted by Thera:

Email (please write it on the line)

****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Post (please write it on the line)

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

****Phone (please write it on the line)

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

We will retain and use your contact details only for the purposes indicated on this form and we will not share your details with anyone else without your consent.

If you would like to withdraw your consent at any time please contact Thera in one of the following ways:

* **Email** – dataprotection@thera.co.uk
* By **post** to: FAO Data Protection,Thera Trust, The West House, Alpha Court, Swingbridge Road, Grantham, Lincolnshire, NG31 7XT

****You can view the Thera Privacy Statement by visiting our website [www.Thera.co.uk](http://www.Thera.co.uk).

|  |  |
| --- | --- |
| THERA COMPANY | Gig Buddies  |
| PRINT NAME  |  |
| SIGNATURE |  |
| DATE  |  |

****If you are unable to sign this document Thera can accept verbal consent. This must be documented by signatures from two witnesses.

|  |  |
| --- | --- |
| **Name of person giving verbal consent** |  |
| **Witness One Name:** |  |
| **Signature:** |  |
| **Witness Two Name:** |  |
| **Signature:** |  |

Please complete this section if the person lacks capacity to consent to the contents in this form. As someone who knows the person well and believes they would like their photos, stories and videos to be used for Media purposes; can you please confirm this by completing the boxes below.

|  |  |
| --- | --- |
| **Name of person supported by Thera:** |  |
| **Name of person completing form:** |  |
| **Relationship to person supported:** |  |
| **Names of those involved in the discussion:**  |  |
| **Signature:** |  |