**Keep in touch with us**

Thera North would like to tell you about what is happening in the organisation. Please tick the boxes on this form to show us what information you would like to receive, and what information you would like to share

Please tell us below what you would like to receive from Thera North:

Newsletters (e.g. Thera Voice, Society People)

Fundraising news updates

Information and invites about events which are happening in your local area

**Media consent form**

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

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

Photograph

Audio recording

Video recording

Stories (about you and your life / experiences)

I give my consent for Thera North to use my stories, photos, videos and audio recordings (preferences as shown above) for:

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

Training materials

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

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)

Please tick the boxes below if:

You want to be told every time your stories, photos, videos and audio recordings are used for the items you have selected.

You DO NOT want your real name to be used

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

Email (please write it on the line)

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

Post (please write it on the line)

Phone (please write it on the line)

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

We will keep and use your contact details only for the purposes shown 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 ways shown below. Please note we will still contact you about your support.

* **Email** – [dataprotection@thera.co.uk](mailto: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 | Thera North |
| PRINT NAME |  |
| SIGNATURE |  |
| DATE |  |

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

If you are unable to sign this form Thera North can accept verbal consent. To give us this evidence, two witnesses must sign the boxes below.

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