

Permission form - story, photos, videos, audio recordings and content submissions

(Everyone 13 or over must fill out their own form)

The National Autistic Society is here to transform lives, change attitudes and create a society that works for autistic people. Thank you for giving us permission to use your story and/or photograph and/or video and/or audio recording and/or content submissions to help us continue this work.

Your details (including names of any under-13s in your care and pictured/involved in this project)				
Name:	Name:			
Date of birth:	Date of birth:			
Name:	Name:			
Date of birth:	Date of birth:			
Name:	Name:			
Date of birth:	Date of birth:			

Please don't forget to sign and date the box on page two of this form, agreeing to permission for you and those in your care.

By completing this form, you are giving the permissions selected below for five years.

Your agreement	Select your answer	
I give consent for my/our story, photos, videos, audio recordings and content submissions to be used in any print, online or electronic platform by the National Autistic Society or its associated bodies (Autism UK Ltd and the Autism Education Trust). This may include use in marketing and fundraising publications.	Yes No	

Your agreement	Select your answer	
I give consent for my/our story, photos, videos, audio recordings and content submissions to be supplied to other organisations so that they can publish them in print, online or electronic form to highlight issues related to autism and to promote the work of the charity. For example, it might appear in a magazine, on another organisation's website or in a government report. We will only supply these for what we consider to be relevant and appropriate use by organisations we know.	Yes No	
For one-off use only (please specify below) I give consent for my story, photos, videos, audio recordings and content submissions to be used for the specific purpose of	Yes	
only (purpose to be agreed with National Autistic Society contact and recorded above)		

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Signature:

(if completing electronically, your name will be taken as a signature) Date:

Tel:

Email:

I am giving consent for myself.

I am giving consent for a child or children under 13 in my care.

I am giving consent for anyone over 13 in my care with a completed mental capacity assessment form.

Please tick everything that applies to you.

Terms and conditions

You have the right to withdraw consent for the use of your or your child's story, photos, videos, audio recordings and content submissions as consented above at any time. Please be aware that once these have become public, for example on websites and social media not owned/controlled by the National Autistic Society (if permission for this was granted), we will take all reasonable steps to inform those organisations/bodies, where we have passed on your/your child's story, photos, videos, audio recordings and content submissions your withdrawal of consent. However we cannot guarantee that the story, photos, videos, audio recordings and content submissions will be deleted by them. If you would like to withdraw consent for the use of your story, photos, videos, audio recordings and content submissions you have consented to on this form, please email content@nas.org.uk

For information on how we gather and process your personal information, including your rights, please see our Privacy Notice - www.autism.org.uk/privacynotice