I

[insert name]

...of...

-----Email: ___________________________ Ph. Number: ___________________________

Have read, understood and agree to the following:

1. I understand that I will be photographed/filmed/interviewed/recorded by the University of Tasmania for the purpose indicated in Box 1 below, and that the photograph(s)/film/quotations will be used and disclosed by the University for this purpose.

2. I consent to the use and disclosure of the photograph(s)/film/quotations/recordings as described in this form, including any disclosure of the photograph(s)/film/quotations/recordings outside Tasmania or on the internet for the purpose in Box 1.

3. I also consent to the use and disclosure of my other personal information (described in Box 2 below) with the photograph(s)/film/quotations/recordings. Except as identified in Box 2, my name and address are otherwise only collected on this form as a means of obtaining my valid consent.

4. I understand that the films/recordings may be edited as the University considers appropriate in order to achieve the purpose stated below.

5. If I do not agree to the matters in this form, the University may be unable to allow me to participate.

6. I have the right to access my personal information held by the University in accordance with the Right to Information Act 2009. I may contact the University in relation to my personal information using the details set out in Box 3 below.


Box 1 – Purpose and Use
The photograph(s)/film/quotations will be used in various electronic and hardcopy material, including the internet, as part of the University’s activities. Exam feedback; advertising, promotional materials, soundtrack, trailers or any other mediums; professional development activities for staff and students.

Box 2 – Other Personal Information
I agree to my name being used and disclosed with the material: ☐ Yes
I understand that the photographs may be used without my name, even if I tick this box.
I understand that I may be able to be visually identified in the photographs and film, but that I will not be identified by name if I have not agreed as indicated above.
Contact details will not be released under any circumstances.

Box 3 – How to contact UTAS
Conservatorium Administration
Phone: (03) 6226 7314, Conservatorium.admin@utas.edu.au

Signed ) ___________________________ Date: ___________________________

Consent of Parent/Guardian (if under 18)
Signed ) ___________________________ Date: