

**UNIVERSITY OF TASMANIA
PERSONAL CONSENT FORM**



I _____
[insert name]

of _____
[insert address]

Have read, understood and agree to the following:

1. I understand that I will be photographed/filmed/interviewed 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 as described in this form, including any disclosure of the photograph(s)/film/quotation 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/quotation. 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 have the right to access my personal information held by the University in accordance with the *Freedom of Information Act* 1991. I may contact the University in relation to my personal information using the details set out in Box 3 below.
5. Further information about how the University collects, holds, uses and discloses personal information is set out in the UTAS Privacy Policy – available at:
http://www.utas.edu.au/universitycouncil/legislation/pol_privacy.doc

Box 1

The photograph(s)/film/quotation will be used in various electronic and hardcopy material, including the internet, as part of the University's activities.

Box 2

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.

Box 3

If you have any questions regarding this consent form please email teamleaderel.med@utas.edu.au

Signed _____) Date: _____

Consent of Parent/Guardian (if under 18)

Signed _____) Date: _____