

The Cleft Lip and Palate Association (CLAPA) Story, Photo & Video Consent Form

Letting CLAPA use your story, photo or video

The **Cleft Lip and Palate Association (CLAPA)** is the only national charity supporting people and families affected by cleft lip and/or palate in the UK from diagnosis through to adulthood.

All of the stories, photos and videos we use both on and offline

are from real people in our community like you. They help us to promote a positive image of cleft, to illustrate why we exist as a charity, and to show the people in our community that they aren't alone.



How we'll use your story, photo or video

CLAPA will only use your story, photo or video in connection with cleft lip and palate and/or our services. This will always be in positive light, and we will keep you anonymous if you ask us to.

We may use it on our **website**, on our **social media pages** (including Twitter and Facebook), and in publications like our **leaflets** or **CLAPA News magazine**. We may also use it to illustrate our **information products**, including leaflets. Occasionally, we will include photos and stories in **funding applications** to Charitable Trusts and Foundations.

Your story, photo or video may be passed on to third parties such as **health or news publications** (online and offline), **television and radio**. Unless you are completing this form because of a media request like this, we'll always **ask you again** before these are used in the media.

We may need to **change your story, photo or video** when we use it. For example, we may need to make it shorter or edit for spelling and grammar.

If you change your mind

You can **contact us at any time** to ask us to change or remove your story, photo or video. While we can't change paper publications, we will make every effort to change/remove every instance of it online, and will change/remove our own copy.

Any questions?

Contact the person who asked you for the story, photo or video if you have any questions or issues with the above. Or, contact Anna Martindale at anna.martindale@clapa.com. You can also email info@clapa.com or call 020 7833 4883 to get in touch with us for any reason.

CLAPA Admin: Notes

1. This form is about...

(tick all that apply)

My Story

My Photo(s)

My Video(s) or Audio Recording(s)

2. I am sending this story/photo/video to CLAPA for...

General use (tell us more in Q5 below)

A specific purpose which has been explained to me

E.G. #FundraisingFriday, or a story in CLAPA News.

3. Is it okay to use your name when we use your story, photo, video or recording?

Yes

Only my first name and location (e.g. 'Jane from London')

No, please keep me anonymous

4. Is it okay for people from TV, radio or print media to contact you directly about your story, photo, video or recording?

Yes

No, any contact should go through CLAPA

No, never

These are all the ways we may use your story, photo, video or recording. Please tick all the boxes you are happy with.

5. I am happy for my story, photo, video or recording to be used...

On CLAPA's website

On CLAPA's public social media pages & E-Newsletters

In CLAPA's publicity leaflets and magazines

In posters and leaflets for CLAPA events

In ONLINE information from CLAPA (e.g. website pages)

In OFFLINE information (e.g. leaflets) from CLAPA

In funding applications to Charitable Trusts & Foundations

On TV, radio or print media to help illustrate cleft lip and palate and/or CLAPA's work

I DO NOT consent to my/my child's story, photo and/or video being used IN ANY WAY by CLAPA.

If you tick this box we will do all we can do erase any identifiable photos and/or videos containing you and/or your child

About You

Name:

Connection to CLAPA:

Telephone:

Email:

Address:

Sign Here:

Please type your name above to sign the form if you're completing this digitally.

If You're Under 18

Please ask a parent/guardian to fill in this part of the form.

Parent/Guardian's Name:

Relationship:

Email:

Phone:

Who should we speak to about this story/photo/video/recording?

Me

The young person named above

Sign Here:

Please type your name above to sign the form if you're completing this digitally.

By signing and returning this form to the person that sent it to you, you agree that you understand its contents, and consent to CLAPA using your story, photo or video in the ways you've indicated here.

You can print and return the form to us at 'CLAPA, The Green House, 244-254 Cambridge Heath Road, LONDON, E2 9DA'. Please include a note so we know which photos or story the form is about, or address it to the contact at CLAPA you have spoken to about this.