­­­­­­ **Media Policy and Consent for Publicity Form**

[Introduce your hospice and the work you do]

A powerful way of communicating our message is to give insight into the care we provide and the impact it has on those who benefit from it. Sharing these real experiences helps to encourage existing and potential supporters, and also raises awareness of the care and support available within the home and at our two hospices.

We may share your story in various ways, including on our social media channels, our website [[link]](http://www.havenshospices.org.uk), during talks and presentations, in our supporter magazine, newsletters and leaflets, with existing/potential funders such as Trusts and Foundations, and media relations.

As in all areas of our work, our first priority when communicating our vision is the comfort and care of our patients and children - and their families. We recommend you consider the feelings of your next of kin/relatives and tell them that you have allowed [insert hospice name] to take and use your photograph/interview as it may be used over a period of several months. Your interview/photos will be kept for two years, after which time if we wish to continue to use it we will contact you to extend this period for up to another two years. You or your next of kin/relative/representative can contact [insert hospice name] at any point and ask us not to use the photograph/interview again.

Please remember that once your photo or interview are published and in circulation (for example on the internet or in a newspaper) it may be copied and used by others. If you or your next of kin ask us not to use the photos/interview, we will not use them again and will do our best to stop others doing so, but we cannot guarantee this.

[insert hospice name]:

* Will let visiting families know when the media is present
* Is happy to be present and oversee all interviews and photo calls
* Will manage the conduct of the media during interviews, photo calls and other activities, making sure they respect the sensitivity of the material they are handling
* Will attempt to ensure patient’s/children’s/families’ wishes are respected at all times
* Will allow patients/children/families to approve relevant content prior to release (in [insert hospice name] communications)
* Will let patients/children/families know where their interview/photo is being used
* Will give copies of [insert hospice name] material to patient/family upon request
* Will never use the patient’s/child’s/family name unless agreed to do so and will treat all information in confidence
* Will remove photographs/interviews from further internal usage if a patient/child/family requests to do so by contacting xxxx

**Please keep this page for your information. If you have any questions or concerns, please contact a member of the Marketing and Communications team below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Complete | Complete | Complete | Complete |

**Consent for Publicity Form**

**Personal information**

Name of patient/child ………………………………………………………….. Date of birth …………

Name of person giving consent on behalf of a patient/child ……………...………………………………

Relationship to patient/child ……….………………………………………….. Date of birth ………………..

**Contact details of patient/child/next of kin** *(delete as applicable)*

Title ………………. Name ………………………………………………………………….

Address …………………………………………………………………………………………….

…………………………………………………………………………………………….

Postcode …………………………………………………………………………………………….

Home phone number ………………………………………. Mobile …………………………………………..

E-mail address …………………………………………………………………………………………….

**Terms of use**

[insert hospice name] may share your/your child/your relative’s photo/interview for promotional purposes across a range of platforms and materials. Please tick those you consent to be featured in or comment below.

Charity publications such as newsletters/magazines, direct mail, leaflets and the Impact Report

[insert hospice name] social media pages including Facebook, Twitter, Instagram, YouTube and LinkedIn  Media and press articles

[insert hospice name] website ([link](http://www.havenshospices.org.uk)) and eNews

Fundraising communications, including; talks, presentations, thank you letters etc.

I give consent for [insert hospice name] to share my picture/interview with hospice sector third parties (i.e. Hospice UK, Together for Short Lives)

I give consent to all of the above

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| --- |
| **Comments** |

**Declaration**

I have read and understood the above and I give permission for [insert hospice name] to use my/my child’s/my relative’s photos/interview

Signature ……………………………………………………………….

Name …………………………………………………………Date …………………………..