**Consent Form for Use of Images and Videos in Media**

*Issued by Nursing Homes Ireland*

**Purpose:**

This consent form is to inform and obtain permission from nursing home residents and staff for the use of their images, videos, and any other media content in both social and traditional media platforms, including but not limited to newspapers, television broadcasts, websites, and social media channels.

**Consent:**

By signing this form, you agree to allow Nursing Homes Ireland to use photographs, videos, and other media content featuring you for the purposes of promotion, education, and information dissemination.

**Details of Use:**

**Types of Media:**

* Social Media: Facebook, Twitter, Instagram, LinkedIn, etc.
* Traditional Media: Newspapers, magazines, television broadcasts, etc.
* Nursing Homes Ireland websites and promotional materials.
  + Example events: Nursing Homes Week, Annual Care Awards, Annual Conference

**Purpose of Use:**

* To promote the activities and services of Nursing Homes Ireland, such as Nursing Homes Week etc.
* To inform and educate the public about the quality of care provided in nursing homes.
* To share positive stories and experiences from nursing home residents and staff.

**Duration of Use:**

* The consent provided by this form is ongoing and does not have an expiration date. However, you have the right to withdraw your consent at any time by contacting Nursing Homes Ireland.

**Rights and Responsibilities:**

* You have the right to view the media content featuring you prior to its public release upon request.
* You will not receive any monetary compensation for the use of your images or videos.
* Nursing Homes Ireland commits to using the media content in a respectful and appropriate manner, ensuring that the dignity and privacy of all individuals are maintained.

**Withdrawal of Consent:**

* You may withdraw your consent at any time without any negative consequences. To do so, please contact Nursing Homes Ireland at the following:

**Contact Information:**

* Nursing Homes Ireland
* Email: [info@nhi.ie](mailto:info@nhi.ie)

By signing below, you acknowledge that you have read and understood this consent form and agree to the use of your images and videos as described above.

Please sign where most applicable to you.

**Nursing Home Resident:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident/Staff Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian/Representative Information (if applicable):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your cooperation and support.**

**Nursing Homes Ireland**