

WEBSITE CONSENT

www.biala.org.au

The purpose of this form is to provide staff with a documented consent when involving clients and their families or carers in the use of visual imagery and audio on the Biala Support Services Inc Website. For the purpose of this form, visual imagery refers to photos, video footage and any other form of visual and / or audio media. Once completed, this form will be placed in the client's file and a list of client names who have given consent will be supplied to Biala Support Services Inc. Staff.

CLIENT NAME: _____

ADDRESS: _____

PHONE / MOBILE: _____ **DATE OF BIRTH:** _____

Consent is given for the use of VISUAL & AUDIO MEDIA in the Biala Support Services Inc. website.

Service Name: Biala Support Services Incorporated / North Coast Fun Club

I, _____, (print full name)

Give permission for the use of visual & audio media of myself and / or my family member which is to be used by the services named above.

Signed: _____

Date: ____ / ____ / ____

*** PLEASE NOTIFY BIALA SUPPORT SERVICES INC. IN WRITING IF WANTING TO CANCEL THIS CONSENT AT A FUTURE DATE.**

Thank you!

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Office Use Only

Confirmation of Acceptance:

Depart. Officer Name: _____ **Designation:** _____

Signed: _____ **Date:** ____ / ____ / ____

BIALA SPECIAL SCHOOL
78 Fox Street,
Ballina NSW 2478
Telephone:
(02) 6686 3395

**NORTH COAST
FUN CLUB**

**MELALEUCA
RESPITE HOUSE**

**BALLINA
DISABLED BOWLING
LEAGUE**