

## **PHOTOGRAPH CONSENT FORM.**

### **Photographs to Monitor Skin Change**

Taking pre- and post-treatment photographs to monitor treatment progress and success is a 'best practice' procedure and at Sally Durant Training & Consultancy we would like to engage in this practice.

We would like to request your permission and consent to take photographs and/or video for the purpose as described above. These photographs or video will be securely stored, kept confidential and access will only be permitted to authorised personnel.

Please sign and date below.

**I hereby give consent to the taking of photographs that will be used to monitor treatment progress and success only.**

**Name (Please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Photographs for Training Purposes**

Pre and post treatment photographs and video are really useful for us to use in our training materials and we would like to use your images for this purpose also. We would not give any personal information including names, unless your consent was specifically given.

We would like to request your permission and consent to use your photographs and video for the purpose described above. These photographs or video will be securely stored but used for training purposes only

Please sign and date below.

**I hereby give consent to the use of the photographs & video taken of me for training purposes.**

**Name (Please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_