

## MEDIA PERMISSION FORM



**Project:** Music in Mind Music Café

**Venue/delivery partner:** \_\_\_\_\_

As a participant or relative/personal consultee of a participant of this project, we seek your permission to capture photographs, audio and video recordings, quotes and anecdotes for marketing, publicity and evaluation purposes. These materials may be used in press, print, social media or online.

Separately Camerata musicians may also video sessions for their own reflection purposes and as part of their learning. These session recordings will not be posted on any social media platforms.

Photographs, audio and video recordings, quotes and anecdotes will be stored in a secure location at Manchester Camerata's office.

**Please complete the section below and return it to a member of staff.**

\*I do/I do not give permission for **(print participant's name below)** to be photographed, audio and video recorded as part of this project with Manchester Camerata. (*\*please delete as appropriate*)

**Name of participant** (please print)

\_\_\_\_\_

**Name of carer**

\_\_\_\_\_

**Signed**

\_\_\_\_\_

**Relationship of signatory to participant** (e.g. paid or family carer, or participant)

\_\_\_\_\_

**Date signed**

\_\_\_\_\_

**Dementia Music Café**

**To help us with our marketing....**

*Please can you tell us how you heard about the Dementia Music Café – please tick as many below as appropriate. By ‘partner’ we mean e.g. Age UK, Mind, HMR Circle, Bolton Dementia Support, Together Dementia Support, Lighthouse Project, The Fed.*

- **Music Café partner**
- **Friend or Family**
- **Social Media**
- **Press/newspaper**
- **Music in Mind or other website**
- **Social prescribing**
- **GP practice**
- **Other NHS**
- **Social services**
- **Care Home**
- **Carers’ Group**
- **Other: please specify.....**

**Which Music Café are you attending/borough/address**

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