**CONSENT FORM**

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| Name |  |
| Course Title |  |
| Course Dates |  |

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| **I give permission for The Centre to…** | **Yes** | **No** |
| Share my contact details with the full training group to enable them to contact me between training modules and thereafter. |  |  |
| Be photographed alongside others in the training group, and for those photographs to be used for marketing purposes by the Centre - to include potential use on our website, in mailings and on our social media channels. |  |  |
| For teaching content of zoom modules to be recorded and made available on the CSC hub to course participants. |  |  |
| Subscribe me to their newsletter mailing list (if you are already subscribed, please leave blank) |  |  |

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| Signature |  |
| Date |  |