Consent for Staff or Volunteers

Consent to use photographs for APCC Communications

I, _____ (full name),
give permission for the photograph(s) taken on _____ (date)
to be used by the Association of Palliative Care Centres (APCC) for:

- Social media
- Website content
- Advocacy and awareness campaigns
- Media outreach
- Annual reports
- Training and educational materials

I understand that:

- The photograph will be used respectfully and professionally.
- My name will **not** be used unless I give additional written permission.

Signature: _____
Date: _____