**Level Up Ambassador or Community Champion**

**Consent form**

**(*Circle as appropriate*)**

Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are registered as a Level Up Ambassador or Community Champion. Please highlight your answer.

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| --- | --- | --- |
| I acknowledge that of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Lead Provider Collaborative (LPC) have explained the Level Up Ambassador/Community Champion recruitment process and tasks to me fully. I have been informed that I may withdraw from participation without prejudice or penalty if Iso wishand my data will be appropriately destroyed. | YES | NO |

It has been explained to me and I understand that any photographs, video footage and/or written/recorded interviews and artwork will be made available for the purpose of promoting the principles and services of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Level Up Lead Provider Collaborative.

I understand that they may be used in the following ways and have highlighted the answers. I am happy to consent to:

|  |  |  |
| --- | --- | --- |
| CWP LPC Internal/external meetings/training purposes | YES | NO |
| CWP LPC and social media pages | YES | NO |
| To accompany CWP LPC promotional materials (press releases, media statements and films) | YES | NO |
| Feature in any of CWP LPC’s printed and online publications | YES | NO |
| Any further promotion items including but not limited to the above. | YES | NO |
| I agree to share my feedback either written/painted/drawn/spoken/video pieces with external organisations that CWP LPC is working with. | YES | NO |
| I agree that there is no time limitation regarding any of the above. | YES | NO |
| I agree that CWP LPC may share my name, email and phone number with LPC partners in order share information about events, opportunities and to signpost to support services. | YES | NO |
| I request that the information provided by me is recorded as anonymous | YES | NO |
| I am happy to be contacted by CWP LPC, via phone, email, or post? | YES | NO |

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| --- |
| *As the participant I release and forever discharge CWP LPC, its agents, officers, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, video footage and/or written/recorded interviews, including but not limited to, any claims for invasion of privacy, defamation, or libel. I am aware that with external agencies, such as newspapers and TV companies, CWP cannot always control re-use. I understand that the information I provide will be held in confidence and compliance with the data protection legislation.* |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note this consent form and the information provided (photographs, video footage and/or written/recorded interviews) will be kept securely. If you would like to withdraw your consent at any time please contact the Communications, Marketing and Public Engagement team on 01244 397400. All reasonable attempts to remove the footage will be taken. If you would like to request access to the material or wish for the material/s to be deleted, please contact the Communications, Marketing and Public Engagement Team.*

*CWP are the data controllers of the material. If you would like more information, please contact the trust’s Data Protection Officer by emailing* [*gill.monteith@nhs.net*](mailto:gill.monteith@nhs.net)

**Please email when complete to:**

**Fiona Jenkins** [**cwp.levelupcommunitychampions@nhs.net**](mailto:cwp.levelupcommunitychampions@nhs.net)