

Photography, Video, Audio & Media Consent Form

Form Code: CK-CF-002 | Version: 1.0

A. Person Giving Consent

Full Name: _____	Phone/Email: _____
Programme/Event: _____	Date & Location: _____

B. Media Permission

I understand that CHAD Kenya may take photographs, video recordings or audio recordings during approved activities. These materials may show my image, voice or participation.

C. Select Your Permission

- ☐ I CONSENT to photographs being used for CHAD Kenya's website, reports, presentations, social media and other organisational communications.
- ☐ I CONSENT to video/audio recordings being used for the same organisational communications.
- ☐ I DO NOT CONSENT to my image/voice being used in public communications.
- ☐ I consent only to internal programme documentation and reporting, not public publication.

D. Conditions

- CHAD Kenya will not intentionally use my image in a misleading, degrading or exploitative manner.
- Optional public communications consent is separate from consent necessary for programme participation.
- Withdrawal does not affect lawful processing or publication that occurred before withdrawal; CHAD Kenya will take reasonable steps regarding future use where practicable.

Name / Role	Signature / Date
Person giving consent: _____	Signature: _____ Date: _____
CHAD Kenya representative: _____	Signature: _____ Date: _____

CHAD Kenya Contact & Data Protection Notice

For questions about this consent or the handling of personal information, contact CHAD Kenya through +254 113 814070 / +254 701 012 690 or www.chadkenya.com. Where consent is the lawful basis for processing, it may be withdrawn subject to applicable legal or contractual requirements.

Use this form together with CHAD Kenya's approved Data Protection and Privacy Policy, Safeguarding Policy and relevant programme procedures. Specialist legal, clinical, research-ethics or safeguarding review should be obtained where applicable.