**PRODUCTION PARTICIPANT INFORMED CONSENT FORM**

**Permission to publish images/ recordings of individuals and their work**

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| **Product working title** | WA Training Awards, Australian Training Awards |
| **Product description** | Photo and video |
| **Purpose** | Promotion of the VET sector, WA Training Awards and Australian Training Awards |
| **Copyright owner** | Department of Training and Workforce DevelopmentDepartment of Education, Skills and Employment |
| **Program Manager** | WA Training Awards |
| **Date of recording** | 2024 |
| **Location of recording** | Various locations |

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For participants under the age of 18, this form must be signed by a parent/ legal guardian.

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| **Applicant name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email** |  |
| **Consent** | [x]  Yes |
| **Participant signature****(or Parent/Guardian)** |  |
| **Date** |  |