

**NSW School of Massage
Photography / Filming Consent Form**

I, the undersigned, consent to my photograph being taken or being filmed for the purpose of assessment by NSW School of Massage. I understand that images may be shared within the school solely for the purposes of teaching, learning and assessment.

My consent will remain valid until I advise you otherwise.

Data Protection

The NSW School of Massage undertakes to treat your personal data in accordance with the provisions of the ALG Privacy Policy. Your personal data will be kept securely, and access will be provided to assessors on a need to know basis. The details of our Privacy Policy are outlined in our ALG Student Handbook which is available on our website www.ALG.edu.au

The NSW School of Massage reserves the right to retain and dispose of images.

Name: _____ Phone: _____

Email: _____

Signature: _____ Date: _____