

## **Video Competition Registration and Consent Form**

Full Name of Entrant:	
Date of Birth:	
Suburb of Residence:	
Email Address:	
Video File Name:	
The Video competition aims to:	
<ul> <li>Promote effective mental health strategies on the not limited to Facebook, Instagram, You Tube an</li> </ul>	_
ACKNOWLEDGEMENT and Parent/Carer consent of enti	rants ages 12 – 15 years
In signing below, you acknowledge that:	
<ul> <li>You have read or have had explained to you the</li> <li>Personal information (such as images and record their personal information, and you give permiss information for promoting positive mental health</li> <li>LMSPN may negotiate changes to parts of videos harmful content.</li> <li>LMSPN cannot recall publications or products on information published on the internet becomes a page containing personal information is deleted</li> <li>LMSPN will handle your child's personal information (Cth), and any other applicable laws.</li> </ul>	lings of your child) contains (or may contain) sion for LMSPN to use this personal h self-care as outlined above. It is submitted, if there are concerns about the released; personal material and personal a permanent record, even if a post or a web at your request.
Parents Full Name:	
I, (name)of (add	ress)
Telephone	Email
Give permission for LMSPN to use my child's personal n YES $\ \square$ No $\ \square$	naterial for the purposes stated above:
I give permission for LMSPN to use/publish my child's:	
First Name YES  No  Last name Y	ES 🗌 No 🗎 💮 Age YES 🗎 No 🗎
I will notify LMSPN as soon as possible if I want to v	vithdraw my consent. YES 🔲 No 🗆
Signed (Parent/carer ) :	
Signed (entrants over 16 years)	

This Registration and Consent Form must be uploaded along with the Entrants Video Submission.