

This matter is being dealt with by:

**Claire Poole**

Reference: Proud to Care Awards

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| Quality and Market Management TeamNottinghamshire County CouncilCounty Hall, Loughborough RoadWest BridgfordNOTTINGHAMNG2 7QP |

##MAILMERGE - **Do not** delete this text or change the colour from white

To support an application for

Proud to Care Awards

28th November 2019

Dear Care Provider

Thank you for your application to participate in the Proud to Care Awards.

You will need to complete this form in full if you have elected to apply making use of photographs and/or video clips. I have taken advice from our Information Governance Team and they have confirmed that to comply with the new General Data Protection Regulation (GDPR), we need to have evidence on file that confirms that all individuals appearing in the photos and videos have been made aware of their rights to choose whether or not their images are used for the purpose of this application.

As the representative submitting the Proud to Care application form, I therefore require you to:

1. Explain the information contained in this letter and in the notes below to each individual who appears in the photos or films.
2. Make sure that you give all concerned the opportunity NOT to have their image used in this application.
3. Collect the signature from each of the individuals in the photo and/or film, to confirm that they give their consent freely, to be involved in this application.
4. Return a signed copy of this letter to me: claire.poole@nottscc.gov.uk.

**For your information and to share with those involved:**

**Privacy Notice** - The Council is committed to protecting your privacy and ensuring all personal information is kept confidential and safe. For more details see our general and service specific privacy notices at: <https://www.nottinghamshire.gov.uk/global-content/privacy>.

On behalf of the authority I can confirm that:

* no other details relating to the individuals, other than what appears on the footage of the film or their photograph, will be shared.
* The purpose of the photos and film, as you are aware, is to showcase your nomination/application for the Proud to Care Awards 2019. It will therefore be shared with the judging panel and then to showcase the excellent work taking place in Nottinghamshire.
* Some of the sharing methods used may include social media, such as Linked-In, uploaded to websites, including YouTube and by email to partner organisations within the health and social care sector.
* It could potentially be used in recruitment events and training events to support the excellent work and opportunities available in the social care sector.
* The material will be reviewed regularly and after 6 years, from the date of launch, a decision will be taken as to its continued relevance. Should it, at that time, be considered out of date, it will be removed from circulation. Thereafter it will be reviewed on an annual basis to check continued suitability.
* At any time during the 6-year period, should it become out of date, or should any of the people appearing in the film or photo wish to withdraw their consent, they should contact myself or the local authority at the address above.
* On receipt of a request to withdraw consent we will then cease to use and promote the video/photo and remove it from all the websites and platforms that can be identified.

Thank you for your support with the above and if you have any queries, please do not hesitate to contact me.

Yours sincerely



Claire Poole

Team Manager, Optimum Workforce Leadership

Quality and Market Management Team

Nottinghamshire County Council

**Agreement**

I understand the requirements of the content of this letter and the implications of my staff and clients agreeing to appear in this film/photo to support our application for the Proud to Care Awards.

I confirm I have made all those who have signed below, aware of the GDPR requirements outlined above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I confirm that the people listed below are the only people who appear in this film/photo and that they have all freely provided their consent on the attached forms.

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| NAME | ROLE |
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