**Photography or filming support request form**

Thank you for your interest in requesting photography or filming support. Please fill out the form below to help us process your request. Once complete, create ticket at and helpdesk.communications@rhn.org.uk attach form.

**Requester details:**

|  |  |
| --- | --- |
| **Date support required** |  |
| **First Name** | **Surname** |
| **Role and Department**  |  |
| **Please fill in what you require below:** |
| **Photo Usage Details:*** **Purpose of Request:**(Please describe how the photos will be used, e.g., news article, social media, website, brochure, etc.)
* **Publication/Project Name:**
* **Intended Audience:**(E.g., general public, internal communications, industry-specific)
* **Will the photos be used commercially?**(Yes/No)
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| **Photo Specifications:*** **Number of Photos Required:**
* **Type of Photos Requested:**(E.g., headshots, event photos, facility shots, patient interaction, etc.)
* **Specific Dates or Events (if applicable):**(Please provide event details if the request relates to a specific occasion)
* **Resolution Requirements:**(Low resolution for web, high resolution for print, etc.)
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| **Distribution Details:*** **Where Will the Photos Be Published/Displayed?**(Website, social media platforms, magazines, etc.)
* **Estimated Publication/Release Date:** (If applicable)
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By submitting this request, I acknowledge that the requested photos/footage will be used for the purposes outlined above and that I will comply with any usage rights and permissions granted by Royal Hospital of Neuro-disability.

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| **Signature** |  |
| **Date** |  |