**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](mailto: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) |  |
| **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.) |  |
| **Distribution Details:**   * **Where Will the Photos Be Published/Displayed?** (Website, social media platforms, magazines, etc.) * **Estimated Publication/Release Date:** (If applicable) |  |

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** |  |