



CONSENT FORM – ATTESTATION FOR PROCESSING OF PERSONAL DATA including photo shooting/filming of adult individuals

by the European External Action Service (EEAS) and Union Delegations

Date and location of the filming/photo shooting: _____

I, the undersigned _____, hereby declare that I have posed willingly and agreed to be filmed/photographed by _____ (*name of cameraperson/photographer*) working on behalf of the European External Action Service.

I authorise the European External Action Service:

<input type="checkbox"/>	to make free use of the footage/photos bearing my images in all types of communications via the web and social media.
<input type="checkbox"/>	to archive these videos and allow third parties to use these videos for information or education purposes only.
<input type="checkbox"/>	to process my personal data, such as my name, position, residence or other contact details, for the purpose of recording and documenting the above authorisations
<input type="checkbox"/>	to process my personal data, such as my name, country, profession, position or workplace, on the label of the footage/image for the purpose of EU communication material via the web and social media related to the topic of the filming/photo-shooting
<input type="checkbox"/>	I consent that my name and contact details are included in a permanent contact list shared internally among EEAS services for the purpose of promoting EU activities/events and disseminating information, including newsletters.

In order to follow up on consent, you are requested to tick the relevant boxes above and provide your name and organisation along with your signature.

NAME: _____

POSITION/ORGANISATION : _____

RESIDENT AT [if applicable]: _____

DATE: _____

SIGNATURE: _____

[Please request signature only in case consent is given on paper or scanned and sent by e-mail, for online submission, provide all above info]

THANK YOU FOR YOUR INTEREST & PARTICIPATION!

Disclaimer: The organisers waive responsibility of videos/photos taken, shared and published by participants or by other individuals.

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For under 16 year olds ONLY:

I (name)as the parent / guardian / or as loco parentis * give consent for **(name)** to be filmed / photographed as noted above.

*Delete as applicable

Optional sections

for international transfers and dietary requirements

[Please delete if not needed]

▪ TRANSFER TO THIRD COUNTRY PROCESSOR(S)

PLEASE INSERT THIS TEXT INTO THE INTRODUCTORY PART OF THE ABOVE CONSENT FORM IF YOU TRANSFER DATA TO A THIRD COUNTRY CONTRACTOR / LOCAL AUTHORITY / NGO / INTERNATIONAL ORGANISATION:

In this context, your personal data could be transferred to *[Please insert recipient (contractor/implementing partner) of transfer, as applicable]* for the purpose of *[Please insert purpose of transfer]*. This recipient is located in a third country/is an international organisation. The EEAS/EU Delegation endeavours to implement safeguards to protect your personal data *[Please insert measures taken, e.g.: the recipient signed a Data Processing Agreement/Data protection clauses/declaration of confidentiality, as applicable]* but these are not providing a protection equivalent to the EU. Therefore hereby we are requesting your consent for this transfer. If you give your consent, the EEAS/EU Delegation will *[Please insert what the transfer will result in (e.g.: sending newsletter)]*. If you do not give consent. *[Please insert consequence or alternative service of not giving consent (e.g. you will receive a newsletter with plain text, without images)]*.

PLEASE ADD THIS ROW TO THE TICK BOXES OF THE ABOVE CONSENT FORM:

<input type="checkbox"/>	I consent that my personal data are transferred to <i>[Please insert recipient of transfer]</i> with the purpose of <i>[Please insert purpose of transfer]</i> .
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▪ DIETARY REQUIREMENTS

PLEASE INSERT THIS TEXT INTO THE INTRODUCTORY PART OF THE ABOVE CONSENT FORM IF YOUR PROCESS DIATERY REQUIREMENTS:

If you have special dietary and/or assistance needs, you can give consent for us to use them for the sole purpose of accommodating your special needs or dietary requests.

PLEASE ADD THIS ROW TO THE TICK BOXES OF THE ABOVE CONSENT FORM:

<input type="checkbox"/>	I consent that the dietary requirements and need for special assistance I share with the organisers are processed in a secured manner for the sole purpose of accommodating special needs or dietary requests.
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