



Tiwi Media Consent Form

Media representatives are responsible for ensuring consent forms are completed.

Tiwi Participant Information

Name: _____

Address: _____

Phone/Email: _____

Visiting Media Representative Information

Name: _____

Organisation: _____

Tiwi Participant's Agreement

I understand that I am to be a) interviewed, b) filmed, or c) photographed. I know that I can change my mind and stop at any time. If I want copies of any publications, photographs, videos or films that I am in I know they will be sent to me. Copies will also be sent to the Tiwi Land Council to look after on my behalf.

☐ I give permission for my name to be published.

☐ I give my permission for my voice to be recorded.

☐ I give my permission to be photographed or filmed.

Signature: _____

Date: _____

Please email completed form to: admin@tiwilandcouncil.com