**Permission to photograph**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

hereby provide the faculty of Melbourne, Dentistry and Health Sciences (MDHS) permission to use images and footage of me for promotional and marketing purposes related to the Ngurra-Jarraddjak Indigenous Graduate Study Options Program.

I understand that I may be photographed/filmed and that this may be used by MDHS on their website, and on future promotional material.

Date / / 2019