

Art Therapy Audio Image Recording Release Form

You have received an explanatory leaflet and taken part in recording a discussion with your therapist looking at the art work you have produced. You have approved the final edit of your AIR.

As the voice of an expert by experience, we would like to use this AIR to help raise positive awareness and understanding around mental health and the arts with the following audience: Mental health and Medical Professions, Art Therapy Trainees, Service users and the general public to help further understanding of therapy and the issues people have to manage.

Please tick the box as to which audience you consent to us sharing your recording with, both as an AIR and in written form.

	Service Users
	Mental health/Medical professionals
	Art therapy Trainees
	Relevant Websites (such as BAAT website)
	Conferences and wider platforms
Ple	ase note – you do not have to consent if you do not want to.
You may wish to either to have your name <u>identified or to be anonymous</u> . Please indicate	
whi	ch you choose here:
	DO wish may name to be present
l (pl	ease print name)
give	e my consent for my artwork to be photographed and my recorded discussions in the group
to k	pe published.
Sigi	ned



Dated
Contact Details
Many thanks for your help in raising a positive image of mental health.
Art Therapists Name
Art Therapists Title
Art Therapists Title