



Publicity Consent Form

I agree that the National Rural Health Student Network (NRHSN) and those working on behalf of the NRHSN (including the Rural Workforce Agencies) have the right to take photographs or digital recordings of me and may use those photographs or digital recordings for not-for-profit promotional purposes only. I also consent to the NRHSN and those working on behalf of the NRHSN (including the Rural Workforce Agencies) using my quote or comment for not-for-profit promotional purposes only.

I further agree that my name may be used to identify me.

Full Name _____
Address _____
Phone No. _____
Email _____
Signature _____
Date _____

If you have any questions or would like more information, please contact:

Christal Cheung

On behalf of the National Rural Health Student Network

PO Box 1111 Mascot NSW 1460

T 02 8337 8100

E info@nrhsn.org.au

W www.nrhsn.org.au