



Nightingale Hospital North West

HELP US SHOW OFF YOUR GREAT WORK!

We want to celebrate our staff at NHS Nightingale Hospital North West, and help patients and families get to know us to help minimise anxiety around hospital treatment for Covid-19.

We want to use social media, websites and traditional media to introduce our staff members, and reassure them of our skills and commitment.

If you would like to get involved, please complete the form below, and the consent form overleaf, so that we can tell your story.

It is entirely your choice whether you take part in publicity around your work at the NHS Nightingale Hospital North West. If you do not want to get involved, please ignore this form.

INFORMATION FOR PUBLICATION

Full name (please also give your Twitter handle if you have one)	
Job Title at NHS Nightingale Hospital North West	
Substantive/previous job title and organisation (if applicable)	
Why/how did you deploy at NHS Nightingale Hospital North West?	
Please tell us briefly about your experience working at the NHS Nightingale Hospital North West	
Please tell us a little bit about you, including how many children/grandchildren you have	

Please complete and return this form to: Corporate Communications Team, NHS Nightingale Hospital North West, Manchester Central Convention Centre, Windmill Street, Manchester, M2 3GX

CONSENT FOR PUBLICATION

I give consent for the NHS Nightingale Hospital North West to publish, republish or otherwise share the information set out above, for the purposes listed below. (Please note, if you are a service user/patient that any decision not to provide consent will not affect your care in any way).

Purpose	Please tick below
Publicity and advertising materials, including printed publications	
Presentation and exhibition materials	
Websites, social media channels and digital communications	
News media and their associated websites and social media channels including print, television and radio	

I understand that the information I have written here will be stored electronically in accordance with the Data Protection Act and may be used for up to six years from the date of signing. I have the right to withdraw consent at any time.

I am the person identified overleaf. I understand the above request and give informed consent.	
Email address:	Contact telephone number:
Signature:	Date:

WITHDRAWING CONSENT FOR PUBLICATION

You may decide that you no longer wish to be included in the hospital's promotional or publicity materials and it is your right to do so. If this is the case, you must complete this form and return it to the address shown below. (Please note, if you are a service user/patient that any decision to withdraw consent will not affect your care in any way).

I would like to withdraw permission for my photograph(s), filming and/or recording to be used and published by or on behalf the NHS Nightingale Hospital North West for promotion/publicity purposes.	
Signed:	Date:
Full name (print):	Phone number:
Address:	