NDIS Consent to Photograph, Record, or Use Image

For taking and using photographs, video, or audio recordings of a participant

About this template. This form is provided by Clio Care as a free resource. It is structured to align with the NDIS Practice Standards and the Privacy Act 1988, but you remain responsible for confirming it is fit for your specific situation. For complex matters (formal nominees, court-appointed guardians, contested consent), seek legal advice or contact the NDIS Quality and Safeguards Commission.

I, the participant named below (or my authorised representative), give consent for the worker named below to take and use photographs, video, or audio recordings of me, only for the specific purposes I have ticked on this form.

1. Worker / provider details

Worker name

ABN (if applicable)

Phone

Email

2. Participant details

Full name

Date of birth

NDIS participant number

Phone

3. Authorised representative (if applicable)

Complete only if the participant does not have capacity to give consent.

Representative name

Relationship to participant

4. What I consent to (what may be taken)

Tick all that apply. Untick boxes mean those things are not allowed.

- ☐ Photographs of me during supports
- ☐ Video recordings of me during supports
- ☐ Audio recordings of me during supports
- ☐ Recordings that include my voice but not my face

5. How these may be used

Tick all that apply. Each use is separate — untick anything you do not consent to.

- ☐ Internal case notes and records about my supports (most common)
- ☐ Sharing with other providers or health professionals involved in my care
- ☐ Sharing with my plan manager or support coordinator
- ☐ Worker professional development or training (with my identity hidden)

- ■ Marketing or social media (including the worker's website, Facebook, Instagram, or other channels)
- ■ Other (specify below)

Other (specify)

---

6. Where my image may NOT be used

Specific restrictions (e.g. not on social media, not showing my face, not without me being asked first each time)

---

7. How long this consent applies

- ■ For a single occasion on _____ (date)
- ■ Until _____ (specific end date)
- ■ Until I withdraw consent in writing

8. My right to withdraw, and what happens if I do

I understand that: I can withdraw this consent at any time by telling the worker in writing. If I withdraw consent, the worker will stop taking new photographs, video, or audio recordings of me. The worker will also remove my image from any active uses I previously agreed to, where this is practical (for example, taking down a social media post). However, the worker cannot always remove images from places they have already been shared (for example, printed materials already distributed). My supports will not be affected if I withdraw consent.

9. My declaration

I confirm that: I have read and understood this form; I am giving consent freely; I understand what will be taken and how it may be used; I know I can withdraw consent at any time; and my supports will continue regardless of my decision.

Participant (or representative)	**Worker**
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Witness (optional but recommended)

Name: _____ Signature: _____
Date: _____

Legal references: Privacy Act 1988 (Cth) and the Australian Privacy Principles; NDIS Act 2013 (Cth); NDIS Practice Standards — Core Module: Rights and Responsibilities; NDIS Code of Conduct.
Withdrawal of consent: The participant or their representative may withdraw this consent at any time, in writing, by contacting the worker named on this form. Withdrawal does not affect any information shared before the withdrawal date.
Template: NDIS Consent to Photograph, Record, or Use Image v1.0 · Provided by Clio Care · cliocare.com.au

Clio Care is documentation software for independent NDIS support workers. Notes, shifts, invoices and participant records in one place.