**Photography bookings information sheet**

**Approved Photography suppliers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Recommended Photographer (s)** | **Email**  | **Phone number** | **Recommended for** |
| Maxwell Photography | Mark Maxwell | office@maxwellphotography.ie  | +353 1 830 8072 | Events, staff headshots, last minute availability |
| Picture It photography | Conor Healy | conor@pictureit.ie  | +353873085172 | Events, portraits, locations with challenging lighting |
| Julien Behal photography | Julien BehalKen O’ Halloran | julienbehalphotography@gmail.com | +353879782542 | Events, photocalls, photos for media release |
| Patrick Bolger photographer | Patrick Bolger | patrick@patrickbolger.com  | +353872341594 | Portraits, stock imagery, high level photos |
| Media Services RCSI |  | mediaservices@rcsi.ie  |  | Small jobs, photos for records |
| Media Services RCSI Beaumont | Ray Lohan | lohan\_r@rcsi.ie  | +353871226394 | Jobs in Beaumont Hospital |

**Information checklist to provide when making booking**

* Date
* Time
* Event details for context
* Venue (which RCSI building, lecture theatre etc.)
* Request price and availability

*If available at time of booking (must be confirmed at least one day before photographs are captured):*

* Contact details for on-site contact on the day, including mobile number
* Meeting point and time for on-site contact on the day e.g. at the reception desk of 123
* Outline photography requirements including key shots to capture

*Other considerations:*

* Is an issue to media required? If so, contact the Communications team (communications@rcsi.ie)
* If VIPs/Ministers are in attendance, please flag with the Communications team (communications@rcsi.ie)

**Payment:**

* Photography costs are covered by the person/department making the booking
* All PO's must be raised by the person/department making the booking

**Permission for Photographs:**

* Ensure you have completed consent forms (below) for non-RCSI individuals if photos are to be used for marketing purposes
* If it is a large event where many photographs will be taken of attendees, please place photography notice forms (below) around the venue

Last updated: May 2023



**NOTICE OF FILMING/PHOTOGRAPHY\***

Location, 00:00-00:00

Day date, Month for Event name

Building visitors and users are advised that a film crew and/or photographer is on site at location, date. The materials will be used for publications, promotional materials, social media and online outlets. If you do not wish to be featured, kindly inform RCSI event staff.

Apologies for any inconvenience.



**Photo/Video Release Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give the Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences **the right to use my name, photograph, image and/or video footage of me, in all forms of publications** (e.g. annual reports, College newsletters, calendars and magazines), **media materials** (e.g. newspapers, TV and online media), **promotional materials** (e.g. outdoor advertising, brochures, prospectuses, posters, banners, online advertising, videos), **digital platforms** (RCSI websites) **and social media platforms, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.**

(Please read and check the boxes for each of these conditions that you agree to)

* I confirm that I freely give consent for the use of my personal image which has been fully described to me above.
* I agree that it has been explained to me that the primary purpose for the use of my personal image is for the promotion of RCSI.
* I agree that it has been explained to me that my personal image may be seen by members of the public.
* I agree that it has been explained to me that my personal image may appear in one or more of the examples listed above.
* I agree that it has been explained to me that once my personal image has been published /broadcast, that full recovery may not be possible and that this consent will then be deemed irrevocable.
* I also agree that this releases RCSI and its representatives from any and all monetary obligations or payments to me for any or all of my authorised representatives for use of video, films, photographs and/or image of myself either now or at any time in the future.
* I confirm that the purpose for which my image in any form will be used has been explained to me fully in terms which I have clearly understood.
* I am over 16 years of age.
* I have read this release and am fully familiar with its contents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block capitals)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_