Photograph Submission Form

|  |  |
| --- | --- |
| Name of Award |  |
| Name of Early Learning and Care Service |  |
| Address |  |
| Membership Number |  |
| Number of people (children and adults) who appear in image  |  |

*(If a child or adult appears in more than one image, they are only to be counted once)*

Please provide the information of all people whose image appears in your submission in the table below. (max one photograph for all awards except Learning Stories and Inspired Practice Awards)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of adult/child who appears in Image**  | **Image**  | **Consent Form Submitted****(Please tick)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |