

# Photo competition application form

Please fill in this form and attach it together with up to three photos to [hantscamhsinnovations@southernhealth.nhs.uk](mailto:hantscamhsinnovations@southernhealth.nhs.uk)

## Terms and Conditions

*The information on this form will allow us to contact the winning entries of the outcome - the information won't be shared or processed for any other reason and will be destroyed. You have the right to withdraw if you wish.*

*Only the winning entries will be contacted.*

*Submissions assume the rights to use photos to publicise this competition. Please tick to agree.*

*Submissions will assume rights to display photos as part of a one-off exhibition related to this competition only. Please tick to agree.*

*Submissions will assume rights to include entries in a printed collection. Please tick to agree.*

**Name:**

**Age:** *(Entries only for young people up to the age of 18 on 8th September 2025)*

**Email Address:**

**Telephone Number** *(optional):*

**Parent Name and Signature** *(if under 18 years of age)*

**Parent Contact Details** *(Email/Phone Number - if under 18 years of age)*

**School/College attending** *(in case we are unable to contact you via details provided)*

**Title of submission 1 and brief description**

**Title of submission 2 and brief description**

**Title of submission 3 and brief description**