



**Indochinese Elderly Refugees  
Association Victoria Inc.**

**Authority to Display  
& Publication of  
Photographs & or  
Name**

**Resident Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Room:** \_\_\_\_\_

I -----, a resident of **Mekong Cairnlea Vietnamese Aged Care** authorize **Mekong Cairnlea Vietnamese Aged Care** to use my PHOTOGRAPHS and my NAME for public display.

**The authority includes:**

**Tick** *Name and/or photographs*

- Displayed around IERA-VIC public areas such as notice boards, residents' names boards, room door, meal trolleys, medication dispensers, medication records, dining tables and linen trolleys.
- Published in IERA-VIC newsletter
- Published by IERA-VIC for marketing and advertising purposes.

I hereby consent to information being collected, held, used and disclosed, displayed as described above:

Signature: \_\_\_\_\_ Resident      Date: \_\_\_\_\_

\_\_\_\_\_  
*If not the resident personally consenting, state the relationship of the person to the resident*

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

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