**Application to film or take photographs on**

**InHealth Group premises**

If you would like to film or take photographs inside any of our premises or in the grounds of our facilities, or if you would like to film a patient test, scan or assessment, please complete this form as thoroughly as possible and return it to [communications@inhealthgroup.com](mailto:communications@inhealthgroup.com).

If you leave any of the sections blank, we will still consider your request but will request this information before making a final decision.

This form is a request to film or take photographs on site – it does not constitute a location agreement or imply permission to film/photograph.

**Details of person making request**

Name: Click here to enter text.

Job title: Click here to enter text.

Telephone: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

**Production company details**

Company name: Click here to enter text.

Co-production with/on behalf of: Click here to enter text.

Production company address: Click here to enter text.

Address to invoice (if different): Click here to enter text.

**Production details**

Project title (can be working title): Click here to enter text.

Purpose of filming/photography: Click here to enter text.

If filming a specific patient/individual – please provide name, occupation and date/time/location of appointment (if appointment has been made):

Click here to enter text.

Documentary  Feature film  News  Advert/commercial

Promo  Student  Other

If other, please provide details: Click here to enter text.

Has this project been commissioned? Click here to enter text.

Broadcast date/channel: Click here to enter text.

**Request**

Where and what would you like to film/photography (as much detail as possible):

Click here to enter text.

Dates and times: Click here to enter text.

Will you need to film/photograph any staff or patients? Please provide details: Click here to enter text.

Will InHealth be identified? Click here to enter text.

If yes, in what context: Click here to enter text.

Where else are you filming/taking photos? Click here to enter text.

Who else are you interviewing? Click here to enter text.

Number of crew: Click here to enter text.

Name of crew (this information will be needed 24 hours before anything takes place): Click here to enter text.

Who would be the most senior person on site?

Name: Click here to enter text. Tel: Click here to enter text.

Will you require a site visit in advance? Click here to enter text.

Please note that there is charge for advanced visits, which will be redeemed against the final charge if your request is granted.

**Public liability**

You will need to provide a copy of your public indemnity insurance before any request can be considered.

Signed: Date: Click here to enter text.

Name (PRINT): Click here to enter text.

Please return to the Communications Team at [communications@inhealthgroup.com](mailto:communications@inhealthgroup.com).