**Photograph Competition**

**Rules**

1. We are looking for photographs from within the decades 1940s to the end of 1990s of the Greater Manchester area
2. Photographs must be ones you have taken yourself, not obtained from publications (unless permission has been given) due to copyright issues
3. Photographs of buildings including houses etc, transport, Greater Manchester attractions, parks are welcome
4. Please do not send any photographs containing people unless permission has been given
5. The Photograph Competition officially commences on 3rd February 2025
6. All entries must be sent in with attached consent form, fully completed and signed. If the consent form has not been fully completed, the photograph will not be able to be included in the competition
7. Unfortunately, any hard copies of photographs submitted cannot be returned to sender
8. All entries to be either emailed to [dementia@stockport.nhs.uk](mailto:dementia@stockport.nhs.uk) or posted to Ruth Terry, Matron for Dementia Care, Birch House, Stepping Hill Hospital, Poplar Grove, Stockport, SK2 7JE
9. All entries to be submitted by 28th February 2025 (postal entries closed 7th March 2025 to allow delivery)
10. All winners’ entries will be published in a reminiscence photography book to be used as part of Therapeutic Activities with our patients
11. All winners’ names will be included in the published book (unless permission is not given via disclaimer form)
12. The overall winner will feature on the front cover and receive £30 Amazon Voucher (which has been kindly donated)
13. All successful entrants will be contact by 31st March 2025

**Consent Form**

This Consent Form is to obtain permission to use an individual’s photograph in the publication of a Therapeutic Reminiscence Photography Book (yet to be named) including any marketing and publicity materials for the purposes of promoting the services of **Stockport NHS Foundation Trust.**

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|  | Activities | Initials |
| 1 | I understand the project and reason for my participation. |  |
| 2 | I agree to my photograph being published as part of the Therapeutic Activities Reminiscence book. |  |
| 3 | I understand my photograph(s) may be used to promote the work of the Trust on its literature, website and/or any other promotional material including social media, and large format artwork on and away from the Stepping Hill Hospital site. |  |
| 4 | I understand that this material will be used to promote the Trust’s own services and will be held on file for approximately five years. |  |
| 5 | I agree to take part in this project. |  |
| 6 | I agree to photographs of myself being published as part of this project. |  |
| 7 | I have obtained permission from the person who owns the photograph for this to be submitted as part of a competition and for it to be published. |  |

Person submitting photographs as part of a competition

**First Name**………………….….…………………**Last Name**……………….…………………………………

(Please Print) (Please Print)

**Signature** ……………………………………………….……………**Date**………………………………………

**Email Address**……………………………………………………………………………………………………..

**Postal address**……………………………………………………………………………………………………..

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**Location of the Photograph and (approx) date**……………………………………………………………….

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