Share your real photos of real people taking real actions!

#ACPNS2016

Entry and consent form:

Title of your photo or photo series: __________________________________________

Name of Photographer: ______________________________________________________

Photographer’s contact email, phone and/or postal address: _______________________

From left to right, names of people (if any) appearing in the photo/s: __________________

Share your story about your photo/s: ___________________________________________

Photographer’s permission:
I give my permission for the photo/s to be used in The Australian Centre for Philanthropy and Nonprofit Studies (ACPNS) publications, websites, blogs and social media sites. I confirm that the people in the photo/s (if any) provided consent for their image to be taken and for the photo/s to be submitted to ACPNS.

Photographer’s Signature: ________________________ Date: ________________

Please note:
Submissions may only be accepted with a signed, dated and completed submission form.
QUT’s privacy policy is available here

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