Photograph Submission Form

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| --- | --- |
| Name of Award |  |
| Name of Early Learning and Care Service |  |
| Address |  |
| Membership Number |  |
| Number of people (children and adults) who appear in image 1 |  |

*(If a child or adult appears in more than one image, they are only to be counted once)*

Please provide the information of all people whose image appears in your submission in the table below. (max one photograph for all awards except Learning Stories and Inspired Practice Awards)

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| --- | --- | --- | --- |
|  | **Name of adult/child who appears in Image 1** | **Image 1** | **Consent Form Submitted**  **(Please tick)** |
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