Youth Art Showcase Consent Form

I, _____,
give permission to the Australia and New Zealand Refugee Trauma Recovery in Resettlement Conference (ANZRTRRC) and its organisers (including the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) or other FASSTT agencies), to use artwork submitted by me/my child/dependent as part of the 2026 Youth Art Showcase, titled *Shared Stories, Shared Hope*.

I understand that the artwork may be used in the following ways:

- Display at the 2026 ANZRTRRC Conference in Sydney
- Conference-related social media and digital channels
- Online or print publications (e.g. conference report, educational materials, articles)
- Promotional materials for future FASSTT conferences or programs
- Community awareness and advocacy campaigns

I understand and accept that:

- The artwork may be viewed by the wider public, including online.
- The name of the artist will only be used with consent, and participants may choose to remain anonymous or use a pseudonym.
- No payment will be provided for the use of the artwork.
- All submitted materials remain the intellectual property of the artist, but the conference organisers may reproduce them for the purposes outlined above.
- Once published, it may not be possible to remove the artwork from all public platforms.

Right to Withdrawal (Digital Channels Only)
You may request the removal or modification of your/your child's artwork from future digital publications by contacting the conference organisers or the relevant FASSTT agency. All reasonable requests will be considered in line with privacy and ethical guidelines.

Artwork Title: _____

Artist's Description (1-2 sentences):

This can be written by the artist or dictated to a parent/interpreter/facilitator if required

_____
_____
_____

[ ] *I do not consent to the artist's name being published alongside the artwork*

ARTIST (person submitting artwork)

Print Name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Age at time of submission: _____

PARENT / GUARDIAN (if under 18)

Print Name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Additional Information [OFFICIAL USE ONLY]

School/Community Group (if applicable): _____

FASSTT agency: _____