

## Consent to Photography / Video Recording

Name: .....  
(BLOCK CAPITALS)

### Photography / Recording Details (referred to as "the material" below)

Filming location: ..... Topic: .....

Role in the Recording: .....

Please initial all clauses below that are applicable to you:

Details of consent given	Initials
I give consent for photographs and/or videotape images and/or sound recordings to be made of me for educational and research purposes.	
I consent to the material being shown to appropriate professional staff, students and used in educational publications, journals, textbooks and used in any other form or medium including all forms of electronic publication or distribution anywhere in the world, including the Internet.	
I understand that the material may be seen by the general public.	
I understand that all or part of the material or my likeness may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration.	
I understand that efforts will be made to conceal my identity but full confidentiality is not guaranteed.	
I may view the material by arrangement. However, once released I realise that recovery of the material may not be possible.	
I understand that no fee is payable to me by the university or any other person or body in respect of the material either now or at any time in the future.	

**I wish to specify the following restrictions (if any) on the use of my material**

**I confirm that the purpose for which the material is to be used has been explained to me in terms which I have understood and I agree with the above statements which I have initialed.**

Signature: .....

Signature of person obtaining consent: .....

Staff position ..... Date .....