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**VIDEO CONSENT FORM**

**Name...............................................................................................................D.O.B:.....................................**

**Parent /guardian name: ............................................................................................**

Thank you for agreeing to a video recording to be made of you/ your child or other person. Please read the following and sign where you give your consent for the video recording. We will be making a video recording of you / your child’s communication and interactions with adults as part of the assessment and therapy intervention. The videos will be held securely and confidentially in the individual electronic Roundway Centre/Therapy casefile. All persons who watch the video will be required to read guidelines on confidentiality. You may at any time in the future withdraw your consent for the video material to be used. You can do so by writing to the Roundway Centre.

CONSENT PART 1: VIDEO FOR ASSESSMENT AND THERAPY INTERVENTION

I understand that the video will be used for clinical purposes and confidentiality will be maintained. I consent to the video being made of the above child/ person and will either be deleted from recording equipment at the end of the session or may be saved securely in the case file. If you give consent to the video recording being made as part of the assessment or therapy intervention, please sign below:

Signed Date

|  |  |
| --- | --- |
|  |  |

(parent/ guardian/ person)

Signed Date

|  |  |
| --- | --- |
|  |  |

(therapist)

CONSENT PART 2: FOR USE OF VIDEO CLIPS FOR PROFESSIONAL TRAINING COURSES

We run professional training courses which is important to disseminate best practice to others. It is often helpful to show video clips of assessment methods and therapy intervention as examples to other professionals to understand the value of the methods. We would like to ask for your consent to use the video recording for training purposes when required. The video recording may be shown to professionals at local/ national or international/ public conferences. All professionals will be required to maintain confidentiality.

If you give consent to the video recording being shown at conferences/ training events, please sign below:

Signed Date

|  |  |
| --- | --- |
|  |  |

(parent/ guardian/ person)

Signed Date

|  |  |
| --- | --- |
|  |  |

(therapist)

CONSENT PART 3: FOR USE OF VIDEO CLIPS FOR WEBSITE DEMONSTRATION

It is helpful to demonstrate particular types of assessment and intervention to other parents and professionals on the website. We would like to ask for your consent to use of video clips to demonstrate how we deliver assessments and therapy on the Roundway Centre website.

If you give consent to the video recording being included in the Roundway Centre website, please sign below:

Signed Date

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| --- | --- |
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(parent/ guardian/ person)

Signed Date

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| --- | --- |
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(therapist)