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**CHILDREN NORTH EAST SESSION VIDEO CONSENT FORM**

**The consent form must be completed before recording takes place.**

Children North East sometimes use video in our intervention as a tool to help you and your worker to reflect on the session.

In giving my/our consent to the use of video recording I/we confirm that:

* The purpose for which my/our consent is being sought to video record the session/s has been explained to me/us.
* I/we understand that the content of any recorded material will only be viewed by staff within Children North East. This will include my worker and their supervisor / manager and may include other Children North East staff who are involved with my/our support on a needs basis.
* I understand that the recording will remain confidential and will be stored in line with Data Protection Policy and Procedures.
* I/we are aware that I/we may withdraw consent at any time. This includes my/our right to have the recording stopped at any time during the session.
* I/we understand that my/our request to stop having the session/s recorded will in no way affect the quality of the support I/we receive.
* I/we understand that the video recordings will be erased within 2 months of the end of my/our involvement with Children North East.
* It has been explained to me/us that Children North East sometimes request permission for recordings to be kept and shared for teaching or training purposes and that if appropriate, a separate consent signature will be sought for this purpose.

**I/we give my consent to be videoed with my/our child**

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| --- | --- |
| Type/purpose of session: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT 1  |  | PARENT 2  |  |
| NAME |  | NAME |  |
| ADDRESS |  | ADDRESS |  |
|  |  |  |  |
| SIGNED |  | SIGNED |  |
| DATE |  | DATE |  |
| I/we give consent for recordings to be kept and shared for teaching or training purposes |
|  |  |  |  |
| SIGNED |  | SIGNED |  |
| DATE |  | DATE |  |