**Consent Form – For the use and storage of photographs, audio and video recordings, notes on students.**

I hereby give consent to XXXX (Teacher’s or Researcher’s Full Name)

* To take notes on my participation in XXXX (Name of class or activity)
* To take photographs of my participation in XXXX (Name of class or activity)
* To audio record my participation in XXXX (Name of class or activity)
* To video record my participation in XXXX (Name of class or activity)

Furthermore, I give permission for the restricted usage of the photographs/audio recordings/video recordings/notes (delete as appropriate), for reviewing bias-aware teaching/supervision

based on the following conditions:

* It will only be used to inform XXXX (Teacher’s or Researcher’s Full Name) teaching/supervision practice.
* It will only be uploaded to XXXX (Teacher’s or Researcher’s Full Name) password protected myMedia online space in e-learn and the original photograph/recording will be deleted from the recording device.
* It will not be uploaded to any other forum.
* I shall have access (but no editing rights) to my data on XXXX’s (Teacher’s or Researcher’s Full Name) myMedia online space.
* I know that I can always email XXXX (Teacher’s or Researcher’s Full Name) and tell him/her I am withdrawing my permission for the use and storage of this file and the file will then be deleted.

Student Name (PRINT IN BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email (PRINT IN BLOCK CAPITALS)

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_