**STUDENT CONSENT FORM**

*This form is to be signed by the person who has agreed to be recorded as part of a session carried out within De Montfort University. The purpose of this form is to seek consent for the recordings to be made and subsequently used by De Montfort University for the specified purposes below; and to protect certain rights of those agreeing to be included in the recording  
  
Terms*This session is being recorded in audio visual format by De Montfort University. The recording (or any part of it) may be used by De Montfort University for teaching and/or Staff Development purposes. This use may include, editing of the content, conversion to digital format and storing and publication within the De Montfort University VLE (Virtual Learning Environment), or any other secure space that is only accessible to De Montfort University Staff, persons affiliated with DMU and Students.  
  
De Montfort University may use only the audio elements of the recording (or any part thereof), or only the visual aspect of the recording (or any part thereof), or use still images taken from the recording.De Montfort University will not sell or trade the recording (or any part of it). De Montfort University will not disseminate the recording (or any part of it) in the public domain (which means any space that is accessible to persons who are not staff or students at De Montfort University - but does not include those affiliated to De Montfort University for the purposes of student assessment/teaching and learning or Programme validation) without the express permission of all participants who appear in the recording (or in the specific part that is being disseminated).Personal details of those taking part will never be made available to third parties, unless De Montfort University is required to do so by law.  
  
All recordings will be deleted from any visible areas no longer than eighteen (18) months from the date when they were made.Any person who does not wish to appear in the recording should make him/herself known to the person making the recording, prior to the commencing of the recording. *Agreement*I grant to De Montfort University a license to disseminate recordings (audio and/or video) of my performance in this session, under the *terms* detailed above.I consent to my name being used as part of the publishing of this recording. (This personal data will be processed in accordance with the provisions of the Data Protection Act 1998).I understand that my performance in the recording will be used for teaching and/or staff development purposes only and that copyright in the recordings will be retained by De Montfort University.

FULL NAME …………………………………………………………………………………………………………………..CONTACT TELEPHONE ………………………………………………………………………………………………….  
EMAIL ADDRESS ……………………………………………………………………………………………………………SIGNED ………………………………………………………… DATE ……………………………………………………

If you have any questions concerning this form or the video recording session please contact your module leader.  
  
For questions concerning Data Protection, please contact Fraser Marshall - fmarshall@dmu.ac.uk