

SCHOOL OF HEALTH AND REHABILITATION SCIENCES: Business & Community Engagement Unit

ADULT INFORMED CONSENT FOR PHOTOS/VIDEO FOOTAGE

Last Name:	First Name:	Title:
Address:		Postcode:
Phone:	Mobile No.	Fax:
Email:	Date of birth:	Occupation:
UQ Staff making request:		

ADULT INFORMED CONSENT

My signature (in the designated location below) indicates that I fully understand and agree to the following conditions:

- I hereby grant the above designated staff member of the School of Health and Rehabilitation Sciences at The University of Queensland my permission to take photographs and/or video footage of me.
- I understand that the photos and/or video footage taken of me may be used within the School of Health and Rehabilitation Sciences' teaching programs only.
- I understand that in giving my consent, the photo or video footage may be the subject of discussion among the students, but that my personal details will not be identified.
- I understand that with my permission, the photographs or video footage may be observed by students and/or clinical educators for the purpose of instruction or examination of those students and that any students or staff participating in observations are required to adhere to conditions of strict confidentiality, in consideration of professional ethical standards and the Australian National Privacy Principles.
- I also understand that the photos/video footage of me will be retained in secure storage as required by The University of Queensland's Record Storage criteria.
- I understand that the photos and/or video footage will remain the copyright property of The University of Queensland, and that I assign my interest in any photos or video footage to The University of Queensland.
- I understand that there is no payment or recompense being offered for these photos and/or video footage.
- I further understand that if I wish to withdraw this consent at any time that I can do so by contacting the School of Health and Rehabilitation Sciences on the following number:

○ ***Relevant Phone Number for staff Member:***

Signed: _____ **Witness (print name and sign)** _____ **Date** _____

SHRS Business & Community Engagement Unit, 2011