CONSENT TO BEING VIDEOED
IN A SPEECH & LANGUAGE THERAPY
SESSION

I, ____________________(name) agree to:

<table>
<thead>
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<th>WHAT ?</th>
<th>TICK</th>
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<td>1. being taped or filmed</td>
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2. This video can be used for teaching students at City University (tutorials and exams) and other speech therapists.

My video will be stored in a safe, locked cupboard in the Division of Language and Communication Science.

Name: ___________________________ Date: _________

Counter-Signature: ___________________________
(if requested)
Relation to Participant: ___________________________

Name of student: ___________________________