

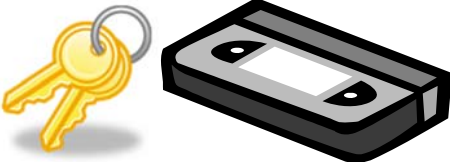




CITY UNIVERSITY
LONDON

CONSENT TO BEING VIDEOED IN A SPEECH & LANGUAGE THERAPY SESSION

I, _____ (name) agree to:

WHAT ?	TICK
1. being taped or filmed 	
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: _____