



Teaching for Learning Network

Consent Form

Electronic Resources for Research and Training

(Please use Block Capitals)

Name:

Email:

Date(s) of supervision recorded:

.....

We would like to obtain your consent to take and use photographs and/or video images and/or sound recordings of you for research and training purposes, as described below.

“I consent to this material being shown to teaching staff of the University of Cambridge, Massachusetts Institute of Technology, and other educational institutions.

I understand that clips from this material may be used in the training of teaching staff and that all participants in such training will be asked to maintain confidentiality regarding the identities of individuals who feature in the recordings or images. I also understand that any research outcomes, such as papers and reports, based on this recorded material will not indicate my name or personal details.

I understand that I can view this material before agreeing to its use but that, once released, recovery of this material may not be possible. I understand that no fee is payable to me by the University of Cambridge or any other person in respect of this material either now or in the future.”

I agree to photographs and/or video images and/or sound recordings being made of me, as described above and I understand the purpose for which this material would be used.

Signature Date

Name and address of Department
Date

