TO BE PRINTED ON LA HEADED PAPER

FORM OF CONSENT FOR VIDEO RECORDING OF PARENTING GROUP

I,……..understand that the Parent Group sessions for which I have enrolled will be videotaped. This is an essential requirement for leaders for whom the purpose is to provide supervision and support regarding their delivery of the programme, to ensure that it is being delivered well. The recording will focus on the group leaders rather than the parents.

I agree to the recording, which will available to me to view should I so desire.

I agree that the recording may be used by the group leaders and their own supervisors to review how the programme is working and to plan for future sessions.

SIGNED:…….DATE:……

I agree that it may also be shown to other Health Service professionals and other groups as a teaching aid for others learning to deliver the programme.

SIGNED:…….DATE:……

VIDEO RECORDING COMMENCED ON:……..
NAMES OF GROUP LEADERS: 1. ……..
2,……