

This form is in two parts.

Step 1: Information only

Step 2: Can be used for consent form wording when there is the requirement of photography/videography in a study.

Step 1 – Information to be included in the Participant Information Sheet

Photography/videography for research purposes – non-identifying

1. The Participant Information Sheet must state that ‘photographs/video footage will be used for research purposes only.’
2. If photographs or video footage is to be taken these need to be non-identifying unless consent has been received from the participant approving the photographic or video footage release, per the below.

Photography/Videography for research purposes - identifying

1. Consent form title to read ‘Consent Form/Photography/Videography Release’.
2. The following section to be included on the consent form.
3. If a study makes full facial photos or video footage obligatory, a ‘no’ in the bottom box will exclude participation in the study.

Step 2 – Consent Wording – Photography/Videography Release

Once publication has occurred, there is no further control available to the researchers; the images/video footage will be in the public domain. Thus, the revocation clause has a very narrow window of application.

I, the undersigned, voluntarily consent to the taking, copyright, publication, and use of my picture/my inclusion in video footage (my face may be identifiable) and likeness by (<<Insert Drs Name>>).

Please check the appropriate “Yes” or “No” box below in order to indicate what you will allow your photographs/video footage to be used for. Once publication has occurred the images/video footage will be in the public domain, and thus you will have a very narrow window for revocation of consent.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Education
<input type="checkbox"/>	<input type="checkbox"/>	Scientific Publication
<input type="checkbox"/>	<input type="checkbox"/>	Purposes of Research Associated with this study

By signing this release, I do not forfeit any of my legal rights. At any time, I may revoke this authorisation for future use.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

PRINTED NAME OF PARTICIPANT _____