

Clinical Placement Expansion Project (CPEP) Consent Form – Paediatric version

*The following details will be made available to BIOS (British and Irish Orthoptic Society) administrative staff* *so that your child’s video can be identified and taken down in the event that they withdraw their consent. BIOS will store the data contained on this form in compliance with the EU General Data Protection Regulation Act (2018). For further information on the security features that will be present to secure this data, please visit www.orthoptics.org.uk/privacy-policy*

□ I consent to my child’s name, date of birth, and my contact details being stored securely by BIOS.

Video ID number (to be completed by the clinician):

Patient name:

Patient date of birth:

Parent/guardian phone or email:

□ I hereby agree to my child’s picture, voice and/or video recording being used by *your Trust* and the British and Irish Orthoptic Society (BIOS) for clinical teaching purposes. I understand the picture, voice and/or video recording will be available to UK registered orthoptists and orthoptic students through an online resource library, managed by BIOS.

□ I have been given an information sheet explaining how my child’s images or videos will be used.

□ I agree to being visible in the recording, if I am present during my child’s consultation.

□ I understand that the online resource library will be housed in an area of the BIOS website which will only be available to registered members of British and Irish Orthoptic Society (BIOS). The resource library will be password protected, and the activity of its users will be monitored. These recordings will be reviewed every two years and will be removed if the content is no longer relevant.

□ I understand that the recordings made today will be hosted on Vimeo (a video hosting platform with servers inside and outside of the EU), but that they will not be searchable or downloadable. My child’s personal identifiable information will not be attached to the video and this will be stored separately in the secure administrative area of the BIOS website.

□ I understand that my child’s participation is voluntary and that they are free to withdraw at any time by informing BIOS at the contact details provided on the information sheet below. If they withdraw your consent, any recordings that have been made of them will be removed from Vimeo and the BIOS resource library, and their identifiable information (such as name and contact details) will be removed from BIOS records.

Statement of Your Consent:

I have read the above description of this initiative and all my questions have been answered to my satisfaction. I voluntarily agree for my child to take part in this project. I understand I will receive a copy of this consent form.

Please ensure the above checkboxes have been ticked, and sign below to show that you agree to and understand the above statement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you decide you would like to withdraw your consent and have the images made today removed from the resource library, please contact visit *www.orthoptics.org.uk/withdraw-your-consent* and fill in the request form. Alternatively, you can contact BIOS on 0121 728 5633, or email bios@orthoptics.org.uk.

