**Appendix 1: Visitor Consent Form**

This form should be completed by any external visitor (including guest lecturer) who has agreed to be recorded by the University of West London.

The purpose of this form is to seek consent for the recording to be made and subsequently to be used by the University of West London. The University in turn offers a commitment to only allow the recordings to be used appropriately and sensitively.

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| --- | --- |
| **UWL STAFF (Event Organiser)** |  |
| Name: |  |
| Email: |  |
| School/Service: |  |
| **Event** |  |
| Event Name: |  |
| Event date/time: |  |
| Event Location: |  |
| **Visitor** |  |
| Visitor Name: |  |

Please read and sign the following agreement.

I, the undersigned, agree to my lecture/presentation being recorded by the University of West London. Where a recording is being made, I will notify everyone present that a recording is being made.

I confirm that where material is included in the recording which is the intellectual property, including copyright, of another party, I have permission to include the materials in my lecture/presentation for educational purposes.

I understand that any copyright or other intellectual property which arises in the recording belongs to the University of West London and that the recording may be used by the University of West London for the purposes of education. I understand that copyright in the recordings will be retained by the University of West London.

I, the undersigned, do hereby agree to license/assign all performance rights in the recording to the University of West London.

I, the undersigned agree to waive all moral rights in any performance carried out by me and in any works created by me that are included as part of any lecture/presentation at the University of West London.

I, the undersigned, do hereby grant to the University of West London a licence in perpetuity to record/film materials created by me that are included within lectures for educational purposes only.

**Data protection**

I, the undersigned, consent to my personal data being processed for the purposes of this recording and I consent to the re-use of the recording for educational purposes. I understand that my personal data, including my image and/or recordings will be processed in compliance with the organisation’s data protection policy which is available here: www.uwl.ac.uk/policies

Name:

Signed:

Date: