



Video Assessment Permission Form

Your name:

Learner's name (anonymised):

Learner's Date of Birth:

Date of session:

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Permission for video recording granted

The purpose of the video recording has been made clear to each of the relevant parties below:

Signature indicating parental consent (where required*):

Learner's signature:

Your contact details:

Address:

Telephone:

e-mail:

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OF STUDENTS
WITH SPECIFIC
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