



## Video Footage Permission Form

As part of our commitment to ensure we are at the forefront of our profession we have recently installed audio/visual cameras in the therapy rooms and Assessment rooms. The reasons for this are:

- Privacy issues : if the therapist is working alone in the room with a child
- Risk assessments - we can watch how the therapists work in terms of performing activities regularly and to ensure they are doing so safely to protect themselves and the clients from injury
- We have tablets so that parents who are not in the room can log on into the session and watch from the waiting room if they desire or for parents that are off site and request permission we can give them our IP address and a password and they can log on to view their child's session also.
- We also aim to use the footage for educational purposes for analysis with students we have on site and for using this footage when teaching off site with parents, teachers, other allied health professionals and OT students. Our ultimate aim is to start doing research to give us weight in our continual evidence based practice debate for SI
- We have sensitive client information that needs to be protected and although we are alarmed, if we do get broken into or information is leaked and it gets tracked that it came from OTFC, then we are able to help identify what has happened which is why one camera has also been placed in the reception area.

We are interested in capturing the way our children learn and interact as well as the activities they like to do. This is necessary for tracking their progress as well as training and educating other professionals who work with children. With your permission, only the ages of your child will be used; names will remain confidential.

It would be greatly appreciated if you could help us in our quest to better educate professionals who have the important role of building the foundations of our children's learning, and to help inform the wider community about the benefits of OT.

If you do not agree to your child being photographed &/or filmed during their therapy session, please inform the admin staff, otherwise please print and sign your name below. Each therapy session is only held in our archives for 7 days.

Name of Child	
Signature Parent/Carer	
Date	