Here is an outline of the information you should consider including on a ‘Documentary Film Making – Confirmation of Consent by Teacher’ form. This template is not prescriptive and it is provided to act only as a guide for your research project requirements.

**Documentary Film Making – Confirmation of Consent by Teacher**

Name of School: 
Name of Teacher: 
Contact Details: 

Research project title: 
Research investigator: 
Address & contact details of research investigator: 

Please place a tick for each question (add additional comments below if necessary)

**About the filming**

1. I was aware of the fact that our visit was to be recorded. 
   - Yes ☐ No ☐

2. The pupils were made aware that (name activity) is being filmed. 
   - Yes ☐ No ☐

3. If any pupil did not want to take part in the visit, or did not want to be filmed, they had the option not to take part. 
   - Yes ☐ No ☐

4. Pupils were given a clear briefing at the start of their visit which explained that a video would be taken, and what it would be used for. 
   - Yes ☐ No ☐

5. Pupils were filmed only in group situations. 
   - Yes ☐ No ☐
6. The recorded video has been left (name location) for me to review if I wish
   Yes ☐ No ☐

7. At the end of the visit (name researcher) gave me the opportunity to raise any concerns with him directly about the visit and filming.
   Yes ☐ No ☐

8. The film making was conducted in a professional and Ethical way. I was aware of the instructions given to the camera operator prior to filming and was given the opportunity to comment on those instructions.
   Yes ☐ No ☐

9. I was given the opportunity to advise the video maker and research investigator during the making of the film
   Yes ☐ No ☐

10. I wish to receive a copy of the video clips after they are edited.
    Yes ☐ No ☐

**Giving consent**

11. I have given my consent for the filming to take place.
    Yes ☐ No ☐

12. The pupils’ parents have consented to filming taking place.
    Yes ☐ No ☐

13. I give consent for the video of my (describe what the video recorded) to be edited and for these clips to be published on the University of Edinburgh website.
    Yes ☐ No ☐

14. I wish to preview the edited clips before they are published.
    Yes ☐ No ☐
Please use this space to add any comments or provide any explanations

Name of Teacher

_______________________________________  __________________________
Signature of Teacher                      Date

Name of Principal Investigator

_______________________________________  __________________________
Signature of Principal Investigator        Date

Contact Information

This research has been reviewed and approved by the Edinburgh University Research Ethics Board. If you have any further questions or concerns about this study, please contact:

Name of researcher
Full address
Tel:
E-mail:

You can also contact (Researchers name) supervisor:

Name of researcher
Full address
Tel:
E-mail:

What if I have concerns about this research?
If you are worried about this research, or if you are concerned about how it is being
conducted, you can contact the Chair of the GeoScience Ethics Committee, University of Edinburgh, Drummond St, Edinburgh, EH8 9XP (or email at ethics@geos.ed.ac.uk).

Add names of any associated funding bodies and their logos