*Student photo/AV request form*

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*For students seeking permission to take photographs or video/audio recordings of practical classes, demonstrations or other learning activities undertaken by the Faculty of Veterinary and Agricultural Sciences.*

NB: No photos or video recordings are permitted in the Veterinary Clinic and Hospital.

The University has a formal procedure relating to taking photos or recordings. Please read *the Privileged Information Accessed Through Study Procedure (MPF1060)*: <http://policy.unimelb.edu.au/MPF1060>

In part, this procedure states:

1.1    Students may only take photographs, video or audio recordings of lectures, tutorials, rehearsals, performances, practical classes or any other teaching activity with the express permission of the staff member supervising the activity. When there is any uncertainty about the sensitivity of the material, the subject coordinator must also provide express permission.

1.2    Students taking photographs or audio or video recordings of University activities may only include identifiable individuals with the express written permission of each of those individuals or their legal guardians.

1.3    Students may only take photographs, audio or video recordings of individuals within any clinic or hospital in which University teaching occurs, with the express written permission of the relevant dean and when the individual has provided informed consent. In the case of animals, the owner must provide informed consent.

Please note that ‘express permission’ means written permission i.e. this form signed by the staff member.

*I request permission to take* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(photos, video or audio recordings) *of the following teaching activity:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(subject name and activity)*

*I declare that the material (e.g. photos or video) taken by me is for my private educational use only, that the material will not be distributed to any other person or organisation, and that it will not be published.*

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### **Staff member to complete**

Staff member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved: Yes / No

Staff member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please keep a copy of your completed form, and return the original to the supervisor/subject coordinator. The Subject coordinator will pass the form to FVAS Academic Support Office.*