



WELLPARK
College of Natural Therapies

Learning Activity Recording Request and Permission Form

Wellpark College encourages all practices which enhance learner success. In some instances recording learning activities may assist learning. Before any learning activities are recorded consent must first be obtained from affected parties. Students wanting to record, photograph or video classroom lectures and activities will need to fill in this form and return it to Faculty Support who will bring the request to the Education Sub Committee. Replies can take up to 10 working days where multiple parties need to be consulted.

Recordings are permitted solely for personal use and must not be published or shared on YouTube, Facebook or any other social media or in any other way. Such use is breach of intellectual property and copyright laws. All recordings must be destroyed at the end of the course.

Rights and Responsibilities of the Student

- To gain consent to record learning activities from affected parties.
- To only use such recordings for private study and/or research.
- To access and download recordings only for which they are enrolled.
- To not distribute to or circulate to a third party any materials they download from Wellpark College.
- To delete all recorded materials on completion of the course.

NB: Replies can take up to 10 working days where multiple parties need to be consulted.

STUDENT NAME: STUDENT ID:

PROGRAMME NAME (ie. Diploma of Nutrition):

Class(es) I wish to record (please supply all course codes):
.....

Methods of recording suggested
.....

I have attached a written explanation of my reasons for wanting to recording learning activities

I have attached documentation as appropriate to support my request.

I _____ agree to the terms and conditions as outlined in this documents.

Student Signature:

Dated:/...../.....

For administration use only

Details of qualification/courses enrolled in

Details of rationale for request:

Tutors, Staff and Students affected

Tutor Response

Class Response if the tutor agrees to recording

Request taken to Education Sub Committee Meeting on:

Approved or declined (please circle)

Rationale for decision

Signature of Parties Affected

Name

Signature

Date

DATE APPROVED/...../.....

- Please advise the student of the outcome of the request with rationale as appropriate and store this form in the students file