



## Agreement related to Simulation Spaces & Model Release Form

As a user of the University Simulation Spaces, I understand the importance of confidentiality with respect to information concerning simulated patients, visitors, staff and students.

Continuous filming takes place in all the University simulation spaces for the purpose of debrief and teaching and learning. I hereby acknowledge that photographs and/or video of myself, taken by members of Buckinghamshire New University or by agents authorised on behalf of the University, will be used for the following purpose(s):

- The provision of education and support services

**This agreement is valid for the duration of the time a student is enrolled at the University**

Name: \_\_\_\_\_

Student Id Number: \_\_\_\_\_

Student cohort (if applicable) \_\_\_\_\_

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

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

### FURTHER PERMISSION

By ticking the box below I further consent to the use of the images/video in official University publications and in University publicity material, including, but not limited to, the University's prospectuses, Annual Report/Review, newsletter, course leaflets, advertisements, web site and on-line photographic image bank and in NHS Trusts.

**I agree to the use of images / videos in formal university publications as described above:**

I understand that I can withdraw consent at any time by emailing [sasteam@bucks.ac.uk](mailto:sasteam@bucks.ac.uk)