

**Consent for participant to be photographed, video/audio recorded or video/audio recordings archived and used for patient management, teaching, learning and publication under DELU (Dental E-Learning Unit) of University of Peradeniya.**

*(Note: If the participant has a communication disorder, the content of this form must be presented to her/him in an accessible format.)*

**Purpose/s:**

**Name of the investigator/clinician:**

**Contact details:**

**Information regarding the project:** (give a detail description of the purpose of taking photographs, visuals and audio recordings and their uses in the future.)

***Participant, please indicate your consent below***

I agree/do not agree to be photographed, video/ audiotaped for the purpose/s mentioned above.

1. I know that my photograph, video/audiotapes will be stored at the Faculty of Dental Sciences, University of Peradeniya.
2. I know that when my recordings are labelled, published or presented, my name will not be disclosed.
3. I know that my data can be used for teaching and publications.
4. I know that the information collected about me may be audited by the DELU before publication.
5. I know that I can withdraw my consent at anytime during the project after informing the investigator/clinician before publication.

Name of participant / guardian /parent

Signature

Date