



Video Consent Form

I consent to the Extreme Psychiatry Team filming my interviews with simulated patients during my time on the teaching course.

I will only exhibit this video footage in electronic form, privately and exclusively for my own educational needs. I will not attempt to record, publish, or propagate this material without the express and written permission of the Extreme Psychiatry Team.

I understand that the Extreme Psychiatry Team will confine the use of this material to team training and development purposes. The team will not publish or propagate this material without my express and written permission.

I am at least 18 years of age. I have read, understand and agree with this form.

Name: _____ Date: _____

Signature: _____

Your videos will be uploaded to a private YouTube account, compatible with Gmail. If you already have a valid Gmail address, please add it here:
