

## Video Recordings (SCERTS) - Professionals

This is to certify that I: -

	Understand why my permission is being sought to make video recordings of me as part of the SCERTS approach to assessment and intervention for a focus child.
	Understand the conditions under which any video recordings will be viewed by the SCERTS assessment team.
	Understand .that any video recordings will be stored securely and erased within two months of the end of the SCERTS assessment and intervention period.
	Understand .that no copies of recordings in which I appear will be made without my written consent.
	Am aware that I may withdraw these permissions at any time and request that any recordings in which I appear are destroyed.
	Have been made aware the Council's Publication, Personal Information Your Rights and where it is on the website (https://www.orkney.gov.uk/media/v5qh5ylj/oic_leaflet_personal_information_your_right_t o_know.pdf)
Name and Signature:	
Date:	