

BJPsych International consent form for video recordings

BJPsych International requires your consent to use your image(s) for the purposes outlined below. If you are happy for your image(s) to be used as follows, please check the box, sign and date this form. A separate section is included below for participants under the age of 18 (eighteen) years of age. This form must be submitted with the video.

I hereby consent to BJPsych International using images of myself in the recordings of the following video.

Video title (this can be the same as the article title of applicable):

Journal reference number (if allocated):

Video author(s):

I understand that:

1. My images (the video) will be freely accessible to anyone – the video will be uploaded to *Vimeo* and shared across social media channels and websites such as *BJPsych International* on Cambridge Core and the RCPsych website. It may be included in marketing and promotional material.
2. A link to my images (the video) will appear in print editions of *BJPsych International* which has a circulation of over 16000 and goes worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.
3. *BJPsych International* reserves the right to edit my images/the video as deemed appropriate.
4. The video will be distributed under the creative commons licence attribution share alike. I hereby agree to waive all rights to my performance in the film and/or recordings to the author(s) of the video.
5. If the recording is going to capture me speaking (for example, in an interview or presentation), I also agree that I will only include any material in the recording which is the intellectual property (including copyright) of another party, if I have their permission or a licence to do so.
6. I understand that I can ask *BJPsych International* to stop using my images at any time, in which case efforts will be taken to remove the video from *Vimeo*. The video may continue to be available via other sources.

NB: You are able to withdraw your consent by contacting us at: BJPIInternational@rcpsych.ac.uk

I consent for my image to be used as described above.

Name:

Signature:

Date:

IF THE PARTICIPANT IS UNDER THE AGE OF 18 (EIGHTEEN) YEARS OF AGE, HIS/HER PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE SECTION BELOW:

I hereby certify and affirm that:

I am the parent or legal guardian of (insert name of Participant): _____
a minor who is under the age of 18 (eighteen) years of age.

I consent to the participation of the above-named Participant in the video described above.

I have read and understood the details described above and agree to be bound by them.

The information provided herein is true and complete and accurate.

Name (please specify if parent or legal guardian):

Signature:

Date: