



**EDUCATIONAL PSYCHOLOGY SERVICE
VIDEO INTERACTION GUIDANCE (V.I.G.) – PERMISSION
FOR USE WITH ALL V.I.G. WORK BY V.I.G. GUIDERS AND TRAINEE GUIDERS**

Name:

Parent / Teacher / Other

Home / Early years setting / School / Other

I / We would like to use V.I.G. to help with the following question(s):

The V.I.G. process has been explained to me and I consent to taking part in V.I.G. I understand that the video taken and the edits discussed in feedback will always be deleted after the intervention is completed unless I have given explicit permission separately for it to be kept for specific purposes. All video material is kept securely.

(If applicable) I give permission for feedback sessions to be videotaped and shared within the V.I.G. supervision or intervision system. *(Essential for trainee guiders at phase 1 and 2, otherwise optional).*

Yes / No (Delete as appropriate)

I understand that I can withdraw this permission at any time by writing to the Kent Educational Psychology Service.

Signature(s):

Date:

Guider name:

Signature:

For office use after the intervention:

Date video deleted:

Signature of Guider:

Copy of video clips given to client(s) for their own personal record: Yes. No.