



STUDENT CONSENT TO BE RECORDED FORM

Event Name: STEM in Schools - National Science Week Event **Date:** 18/08/2017

Description: Virtual classroom with classroom activities to follow **State:** _____

Address: (School address) _____

CSIRO business unit: CSIRO Education and Outreach

Recordings: During the Event, CSIRO will collect

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> audio recording | <input type="checkbox"/> written records of comments |
| <input type="checkbox"/> visual recording including photographs | <input type="checkbox"/> participant work samples made during or after the event |

In this document, all material made or collected for the event is referred to as the **Recordings**.

1. The purpose for collecting the Recordings is so that they may be included in CSIRO's educational materials and in materials promoting CSIRO's activities. These materials may be made available in both hardcopy and electronic formats online, such as in newsletters, magazines, reports, video clips and other visual material, on CSIRO's website and CSIRO's pages on social media sites. In some cases, CSIRO educational and promotional material may be placed by CSIRO in material published by others or provided to external companies for design services as well as any other services to get the publication to market. In the consent section below, these are the **Purposes**.
2. CSIRO also works with other organisations such as Government departments, industry and universities. From time to time, these organisations may also wish to use the Recordings in relation to activities carried out in association with CSIRO.
3. Any personally identifiable information of children collected is stored securely in a CSIRO database and otherwise managed in accordance with CSIRO's obligations under the Privacy Act 1988 (Cth).

If you consent to CSIRO using the Recordings for the Purposes would you please sign below. Please note that we **MAY** include your child's Family name or Surname if Recordings are used by us.

Use of images or other personal information by CSIRO (please tick box)

- I give permission for CSIRO to use any of the Recordings of my child for the Purposes specified above.
- I DO NOT give permission for CSIRO to use any of the Recordings of my child.

Use of images by other organisations (please tick one box)

- I give permission for CSIRO to make Recordings of my child available to other organisations as outlined in paragraph 2, and for those organisations to use the Recordings (in hardcopy and electronic/online formats) to promote activities conducted by them in association with CSIRO.
- I DO NOT give permission for any Recordings of my child and any other personally identifiable information of my child to be supplied to such organisations.

Name of Child

Name of Parent/Guardian

Signature of Parent/Guardian

Date

*If you have any questions or if you would like to access any of your child's personal information which we have collected in the course of the Event, please contact us on **1300 363 400**. If you believe that any information is inaccurate, incomplete or out of date, please contact us and we will revise the relevant information in accordance with the Privacy Act. For further information about CSIRO's privacy policies, see <http://www.csiro.au/en/Privacy.aspx>.*