Live broadcasting consent form

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| What should be broadcasted? | *(Name of event/conference and brief description)* |
| Purpose of the live broadcast? | *(Brief description of the reason for the live broadcast)* |
| Where will it be broadcasted from? | *(Name of the venue, building, room no.)* |
| When will it be broadcasted live? | *(Start and end time)* |
| Who is responsible for the event? | *(Name and contact information of the responsible person and unit/department/faculty)* |
| Who will film and produce the live broadcast? | *(name/contact info of the department/company that will produce the event)* |
| Where should the live broadcast be shown? | *(Write up all services where the broadcast is streamed, including web pages where the broadcast is embedded)* |
| Will the live broadcast be published as a video after the event? | *(If yes, where and for how long? Be sure to include the time for deletion.*  *If no, what will happen to the live recording? When will it be deleted?)* |
| Who will be filmed? | *(Names of the participants to be filmed and perceived as protagonists in the broadcast)* |
| Where is the live recording kept? | *(Physical and/or electronic storage)* |

Consent is voluntary   
We keep the videos stored in OsloMet’s video archive as long as you do not object to this. It is voluntary to let OsloMet use videos of you, so you can withdraw your consent at any time.

Your privacy - your rights   
You have the right to:

* access to the personal information we have registered on you.
* have personal information about you corrected.
* have personal information about you deleted, i.e. have a video of you deleted.
* receive a copy of your personal information.

You also have the right to send a complaint to the data protection officer at OsloMet (mailto:personvernombud@oslomet.no) or to the Norwegian Data Protection Authority about processing your personal data.

Your consent

I have received and understood the information about being filmed by OsloMet and about the use of the video. I agree that I can be filmed and that the video can be used as explained above until I request that they be removed or deleted.

Alternative 1:

Yes, I give my consent

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|  |  |
| --- | --- |
| Date |  |
| Full Name |  |
| Signature |  |

Alternative 2: (If multiple signatures are needed on the same document – copy tables to the correct number)

|  |  |
| --- | --- |
| Date |  |
| Full Name |  |
| Signature |  |

|  |  |
| --- | --- |
| Date |  |
| Full Name |  |
| Signature |  |

The consent form must be scanned and stored on case 17/08368 in Public 360