



WELLPARK
COLLEGE OF NATURAL THERAPIES

Wellpark College of Natural Therapies

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LEARNING ACTIVITY RECORDING REQUEST AND PERMISSION FORM

Wellpark College encourages all practices which enhance learner success. In some instances recording learning activities may assist learning. Students wanting to record, photograph or video classroom lectures and activities are required to complete this Form, return it to Faculty Support and wait for Approval. Faculty Support will bring the request to the Education Subcommittee.

Please note: Replies can take up 10 working days where multiple parties need to be consulted.

Terms and Conditions

- Recording of sessions cannot occur without permission from the college and students involved.
- Recorded sessions are not a replacement for attending classes and 80% attendance is still required.
- The recordings will only be available on Moodle and should not be downloaded to personal devices.
- All recordings will become unavailable to students at the end of the course.
- Recordings are to be used by students for personal use only and must not be published or shared on YouTube, Facebook or any other social media or in any other way. Such use is breach of intellectual property and copyright laws.
- The recordings may be used by the College for other learning purposes.

Rights and Responsibilities of the Student

- a) To gain consent to record learning activities from affected parties.
- b) To only use such recordings for private study and/or research.
- c) To access recordings only for which they are enrolled.
- d) To not distribute to or circulate to a third party any materials they download from Wellpark College.
- e) To delete all recorded materials on completion of the course.
- f) Recordings are permitted solely for personal use and must not be published or shared on YouTube, Facebook or any other social media or in any other way.
- g) To obtain College permission and tutors/students signatures.

Complete the Form and email to Faculty Support (facultysupport@wellpark.co.nz)

STUDENT NAME: **STUDENT ID:**

Please list any other students who are applying for this permission.

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ADMINISTRATION USE ONLY

Details of qualification/courses enrolled in

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Tutor response

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Class Response if the Tutor agrees to recording

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Tutors, Staff and Students affected?

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Request taken to Education Subcommittee (ESC) Meeting on Date:

Approved or Declined (please circle) Date/...../.....

ESC Response to rationale for request:

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Faculty Support: Please advise the student(s) of the outcome of the request with rationale as appropriate and store this form in the student file (SMS) if it is just one student or in the document section of the Course on Filemaker.