



**Purpose:** To ensure, to the best of our capabilities, that patient and presenters confidentiality is respected and maintained by the NZWCS.

## **1. CLINICAL IMAGES**

Name of presenter:	
Contact details:	
Email address:	
Phone / cell phone:	

Questions:	Circle or Delete to indicate
I have gained informed patient consent to use wound images in my Power Point presentation. <i>*Not Applicable if no images have been used</i>	Yes / No / *Not Applicable
I consent for my Power Point presentation to be available on the NZWCS website excluding patient images.	Yes / No
I consent for my Power Point presentation to be available on the NZ Wound Care Society Website for members to access. <i>NB: This is not compulsory</i>	Yes / No

## **2. VIDEO RECORDING**

Questions:	Circle or Delete to indicate
I consent for my presentation to be recorded for the purpose of future education use.	Yes / No
I consent for my presentation to be available on DVD.	Yes / No
I consent for my presentation to be available on the NZ Wound Care Society website for members to access.	Yes / No

If I choose to withdraw my consent at any time, the images will not be used further and the images will be destroyed. I also understand that once an image is in the public domain it may not be possible to control its use.

Date:	Presenters Signature
Date Sited:	NZWCS Representative Signature