

Music Medals Assessment Video



Consent Form

ABRSM
4 London Wall Place
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United Kingdom

www.abrsm.org

Dear Parent/Carer

Please complete this form to confirm that you are happy for your child to be video recorded as part of a Music Medals assessment. Music Medals regulations can be found [here](#).

I _____

[please print your name]

of

[please insert your address]

consent to _____

Age: _____

[please print your child/ward's full name and age]

being filmed by

[please insert name of Music Medals partner or school]

for the purposes of a Music Medals assessment and give my consent for this video to be processed for the purposes of moderating the teacher's assessment, such moderation to take place at ABRSM's discretion.

I understand that it will be retained for 130 days and then destroyed, and that this period may change in accordance with ABRSM's retention policy. *(Please see ABRSM's [Privacy Policy](#) for a more detailed account of how ABRSM processes personal data.)*

I understand that I must not share my child's/ward's video publicly because it may infringe the rights of the copyright owner(s).

I confirm that I am of legal age and I have the authority to sign this consent form on behalf of my child/ward.

Signed: _____

Date: _____