



REMOTE EXAMINATION SESSION REQUEST FORM

Centre Name:	
Centre Address:	
Preferred Date of Remote Session:	
Reason for Request:	
Preferred Remote Option:	

DECLARATION

PLEASE TICK THE BOXES BELOW

I confirm that I have read and understood the **REMOTE EXAMINING** document (**Appendix 1**).

In particular I will ensure:

The camera operator is familiar with dance.

The footage will be visually and audibly clear.

Where requested a second video or live stream panning the whole studio.

The recording is not paused for any reason.

The camera will not be left unattended and only turned off during scheduled breaks.

The video footage will be transferred immediately after the examination to Head Office and a copy kept on a secure device.

The copy of the recording will be deleted after the candidates have received their certificates.

Video footage transmitted digitally after the examination will be done via a secure platform

That the video footage will not be shared, transferred or shown to any other person or organisation.

A 'Remote Examining Consent Form' will be completed by all candidates (by the parent/guardian for children under 18 or in the case of a vulnerable adult).

A confirmation that all candidates entered have signed the consent form and understand copies may be requested.

I confirm that I have read and understood the **GUIDANCE FOR VIDEO RECORDING** (**Appendix 2**)

I confirm that I have read and understood the **ABSENCE OF THE EXAMINER** (**Appendix 3**)

Name

Signature

Date