**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 …………………………………………………..