



PATHWAYPIXEL

GAMING WITH PURPOSE. EMPOWERING NEURODIVERSE JOURNEYS

Consent Form for Recording Sessions

PathWayPixel – Gaming and Mentoring for Neurodiverse Individuals

Introduction

At PathWayPixel, we prioritise safety, transparency and quality in all our mentoring sessions. As part of our commitment to these values, we may record voice and screen-sharing sessions. This form outlines the purpose of these recordings, how they are stored and used, and seeks your consent for this practice.

Purpose of Recording

Recordings may be used for:

1. **Safeguarding:** Ensuring interactions comply with safeguarding policies.
 2. **Transparency:** Providing parents/guardians access to recordings if concerns arise.
 3. **Training and Quality Improvement:** Reviewing sessions to enhance service quality (optional consent).
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Storage and Data Protection

- **Secure Storage:** Recordings are stored on GDPR-compliant platforms (e.g., Google Workspace).
 - **Access Control:** Only authorized personnel, such as mentors, safeguarding officers, or parents/guardians (upon request), can access recordings.
 - **Retention Period:** Recordings are deleted after 6 months unless legally required.
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Usage Restrictions

- Recordings will not be shared externally or used for marketing purposes without explicit consent.

- Independent recording of sessions by clients or parents/guardians is prohibited without written approval.
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Your Rights

You have the right to:

- **Access:** Request recordings involving the participant.
 - **Withdraw Consent:** Revoke consent for future recordings by notifying us in writing. Previously recorded sessions will remain protected and compliant with this policy.
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Optional Consent

You may also choose to allow the use of anonymized recordings for:

1. **Training Purposes:** To improve mentor techniques.
 2. **Promotional Content:** For showcasing PathWayPixel's services.
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Consent Confirmation

By signing this form, you confirm:

1. You understand the purpose and scope of session recordings.
 2. You consent to the recording of mentoring sessions as outlined above.
 3. You acknowledge that recordings will be stored securely and deleted after the retention period.
 4. You understand your right to withdraw consent at any time.
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Optional Consent

Please check if you agree:

I consent to anonymised recordings being used for training purposes.

I consent to anonymised recordings being used for promotional content.

Consent Details

Participant Name: _____

Parent/Guardian Name (if applicable): _____

Email: _____

I consent to the recording of mentoring sessions as outlined above.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Contact Us

For questions or concerns, please contact us at:

Email: thisispathwaypixel@gmail.com