



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

SCHOOL OF MEDICINE, FREMANTLE

I (full name)

Student ID Number

All MD program lectures will be recorded for use by medical students in current and future years. Students who participate with their camera engaged or utilize a profile image are consenting to have their video or image recorded. Likewise, students who un-mute during class and participate orally are consenting to have their voices recorded.

By signing this document I agree to the aforementioned.

Has not been actioned

