

## **Consent To Participate In Production Of Audiovisual Teaching Material For Dental Education**

The University of Ghana Dental School, College of Health Sciences is producing audio-visual teaching material to help in the education of **dental students and postgraduate students at University of Ghana and around the world**. In order to produce this publicly available material, the help of patients reporting for care or of some healthy individuals will be required. The production will require the filming of the procedure that needs to be performed for the patient and some aspects of the clinical examination. In most instances the identity of the patient will be protected. Where it will be possible to protect identity, this will be made clear before the procedure. No confidential information about the volunteer will be revealed.

The filming of procedures will not be harmful to the health of the volunteer and no clinical procedure which is not required in the care of the volunteer will be carried out. The material produced will be available to all students and postgraduates of the College of Health Sciences. The material will also be made available to partnering institutions by being placed on the internet and so it could be accessed by anyone who has access to these sites.

The volunteer will not be paid any royalties for filming but a token compensation for the use of the person's time will be made. Volunteers are free to withdraw from participation at any time before or after giving their consent if they find the procedure unacceptable to them for any reason. Participation in the production or refusal to do so will not affect the quality of care received in any way.

### **Personal Consent**

I \_\_\_\_\_ hereby document that the procedure that is about to be carried out, the reason for filming and the eventual use of the material produced has been explained to me in a language that I understand. I therefore consent to be a volunteer for use in the production of this material.

Signature / Thumbprint \_\_\_\_\_ Date\_\_\_\_\_

### **Guardian Consent for minors**

I \_\_\_\_\_ hereby document that the procedure that is about to be carried out, the reason for filming and the eventual use of the material produced has been explained to me in a language that I understand. I therefore consent for my ward to be a volunteer for the use in the production of this material.

Signature / Thumbprint \_\_\_\_\_ Date\_\_\_\_\_