



REAL INSIGHT- INFORMATION SHEET AND CONSENT FORM

You have been given this sheet as either yourself or the person you will shortly be meeting will be taking part in a development programme run by Point of Difference. This is based on our Real Insight approach, where recordings of real interactions are used as a basis for feedback and coaching to help good managers to become even better.

As part of this programme, we would like to make a recording of your forthcoming meeting. Full details about the approach and how this recording will be used are available at the website www.pointofdifference.co.uk/realinsights. If you haven't already looked at the site you should do so now. You should also refer to the privacy policy link which is available at the foot of each page to get more information on how we intend to handle, store and delete any data which relates to you.

We are fully committed to protecting both your privacy and that of the other person in the meeting with you. As such, as part of giving consent for the meeting to be recorded, we ask both of you to sign to waive your right to receive a personal copy of the recording. This ensures full confidentiality for both parties which combined with our own privacy policy, means that the recording will only be used for the purpose we have agreed with you and will be destroyed once this has been completed.

You are not obliged to have your forthcoming session recorded but we do hope that you will agree to do so. If you have any questions or require any further information before agreeing to participate, please contact us by e-mail at info@pointofdifference.co.uk or talk to your normal Point of Difference contact.



CONSENT FORM

I _____ consent to my forthcoming discussion with
_____ being recorded for the purposes outlined above.

I understand that this recording will be forwarded to Point of Difference for analysis and used by them as the basis for feedback and personal development planning. I have read and accept the Point of Difference Privacy policy and agree to waive my right to receive a personal copy of the recording.

Signed _____

Print name _____

Date _____