

## CSTAR Audio/Video Recording Request Form

CSTAR can provide equipment and staff to record simulation sessions, lectures, skills stations or other educational events. Please use this form to place your request.

CONTACT INFORMATION		
	Person(s) booking	Person(s) on site during recording
<b>Contact Name</b>		
<b>Email</b>		
<b>Phone Number</b>		
<b>Department / Organization</b>		

ACTIVITY INFORMATION		
<b>A. Recording date(s) and time(s)</b>	[dd/mm/yyyy] Start time: 00:00 End time: 00:00	
<b>B. Type of activity to be recorded</b> Choose all that apply	<input type="checkbox"/> Lecture <input type="checkbox"/> Manikin based simulation <input type="checkbox"/> Procedural skills stations	<input type="checkbox"/> Wet lab <input type="checkbox"/> In situ Simulation <input type="checkbox"/> Other: _____
<b>C. Description of activity</b>		
<b>D. Location of recording</b>	<input type="checkbox"/> Recording to be done within CSTAR <input type="checkbox"/> Other: [Campus, Building, Unit Name, Room Number]	
<b>E. Type of participants</b> Choose all that apply	<input type="checkbox"/> Physicians <input type="checkbox"/> Residents <input type="checkbox"/> Medical students	<input type="checkbox"/> RN, RPN <input type="checkbox"/> Allied health (RT, PT, OT, etc) <input type="checkbox"/> Other: _____
<b>F. Total people on site</b>	Number of participants: _____ Number of speakers: _____	
<b>G. Video distribution type</b> Choose all that apply	<input type="checkbox"/> On-demand video streaming <input type="checkbox"/> Live video streaming (live internet broadcast as event happens) <input type="checkbox"/> Digital video recording (to a video file) <input type="checkbox"/> Room overflow viewing <input type="checkbox"/> In class visual aid <input type="checkbox"/> Stand-alone education (e.g. iLearn) <input type="checkbox"/> Other: _____	
<b>H. Audio setups</b> Choose all that apply	<input type="checkbox"/> Single presenter (record audio from one speaker only) <input type="checkbox"/> Multiple presenters (record audio from one speaker only) <input type="checkbox"/> Panel discussion (record audio from a panel of speakers) <input type="checkbox"/> Audience comments (record audio from audience members plus presenters) <input type="checkbox"/> Other: _____	

<b>I. Presenter Content Delivery</b> Choose all that apply	<input type="checkbox"/> No projection screen during presentation <input type="checkbox"/> Record projection screen plus presenter with single camera <input type="checkbox"/> Record projected screen contents separately and edit into finished presentation after the event <input type="checkbox"/> Other: _____
<b>J. Will you be incorporating other types of media (e.g. PowerPoint slides) into the video?</b>	
Please specify.	
<b>K. Type of media delivery for video files</b> Choose all that apply	<input type="checkbox"/> Video needs to be edited <input type="checkbox"/> Streaming file with URL link (not downloadable) (idk if this is possible? Maybe we can upload it to website on a ghost webpage? MQ) <input type="checkbox"/> Streaming file with URL link (downloadable) (idk if this is possible? Maybe we can upload it to website on a ghost webpage? MQ) <input type="checkbox"/> Raw, uncompressed source recordings <input type="checkbox"/> Other: _____

Please email this form and a detailed agenda to: [CSTARinfo@lhsc.on.ca](mailto:CSTARinfo@lhsc.on.ca)  
 A CSTAR staff member will be in contact with you as soon as possible via email or phone call.

**SUBMIT FORM**