**Template Client Consent Form**

**Consent for Treatment**

I ……………………….…………. give consent to be treated by [*Trainee Name*], Trainee Clinical Psychologist.

1) I understand that as part of her training, it may be necessary for [*Trainee Name*], to audio record some or all of our therapy sessions, for the purpose of reflection and supervision. This recording will be listened to only by [*Trainee Name*] and her Supervisor. The recordings will be stored in a secure, locked cupboard. Following the completion of therapy the audio recording(-s) will be erased.

At any point in therapy I understand that I can withdraw my consent and request that the audio recordings be erased.

2) I understand that as a Trainee, [*Trainee Name*], may choose to review the clinical process of my treatment in an anonymous academic report upon which she will be examined. This report constitutes part of the written analysis submitted to the University of Essex solely for the purposes of this Clinical Psychology training programme.

3) I understand that as part of his/her training, [*Trainee Name*], may use part of the audio recording of our session as a piece of assessed work. If s/he intends to do this, s/he will notify me specifically.

I also understand that the giving or refusal of consent will not have any impact on the service I receive.

Signed:……………………………………. Age: …….. Date: ……………….

(Young Person/Client)

Signed:……………………………………. Date: ……………………………….

(Parent/Guardian)

Signed:……………………………………. Date: ……………………………….

(Clinician)