*Example Consent Form Agency Name & Address*

**It is important to note that submission/use of service user or clinical information for learning purposes via any audio/ visual recording requires consent in line with specific Trust Guidelines. Further, it is important that any recorded material should be encrypted to the standard dictated by specific Trust policy to ensure confidentiality.**

**SAMPLE VIDEO/AUDIO TAPE CONSENT FORM**

As part of our aim in offering a high quality service, we have found it helpful to the work to make recordings of the therapeutic sessions. Review of recorded sessions usually furnishes us with more ideas about what you might find helpful in your circumstances. It is also useful in training people who are learning the job.

In this light we would like to discuss with you as experts by experience whether you would feel comfortable in giving us

 permission to make recordings of the sessions we do together. We will of course discuss this with you prior to any recording taking place and take full account of your concerns. Further, if you are in any way uncomfortable about any aspect of the recording process then this will proceed no further and no aspect of your treatment will be in anyway effected.

If after your questions have been answered, you would feel happy to proceed to provide consent, please read the following paragraphs and, if you are in agreement, sign where indicated.

1 I / We consent to video/audio recording being made of these sessions and to these encrypted recording being used to aid the work.

 *Dated*.............................................. *Signed* ..........................................................................

 ..........................................................................

2 I / We consent to the excerpts from these recordings, or descriptions of them, being used by the (name of agency) staff for the purposes of supervision, research and/or teaching.

I / We understand that the (name of agency) staff will edit out from these recordings, or from descriptions of the recordings, as much identifying information as is possible.

*Dated*................................................ *Signed* ..........................................................................

 ..........................................................................

On behalf of the (name of agency), I undertake that, in respect of any recordings made, every effort will be made to ensure professional confidentiality and that any use recorded material, will be used for professional purposes only and in the interests of improving professional standards through research or training programmes. Every effort will be made to protect the anonymity of all those involved in the sessions.

*Dated*................................................ *Signed*............................................................................

*Member of the (name of agency)*

*Agency Name and Address*

**SAMPLE CONSENT FORM FOR ENCRYPTED DIGITAL RECORDINGS**

All trainee psychologists have regular supervision with a clinical psychologist, to discuss their work. In order to help the quality of the supervision, I am asking for your permission to record our sessions. This is so my supervisor and I can talk about ideas and ways of working that might be helpful for you. In addition to this, small parts of the recordings may be transcribed/written down and used for work towards my training. If this were the case, all names and any factors which may identify you would not be included, so confidentiality would be maintained. All recordings would be destroyed after the work was completed.

The recordings would also be available for you to listen to a session again, should you wish to.

Please read the following paragraphs and, if you are in agreement, sign where indicated.

*1) I consent to the sessions being recorded and this record being used with the therapist’s supervisor in order to help our work.*

*Signed*............................................. *Dated*.............................................................

*2) I consent to small parts of the recording being used for work towards the therapist’s training. I understand that part of any conversation that is written down would be kept anonymous.*

*Signed*............................................. *Dated*.............................................................

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I understand that, in respect of all recordings made, they will only be used for the purposes of supervision or towards work for training as stated above. Every effort will be made to ensure confidentiality.

*Signed*. .................................................................................. *Dated*.................................................

*(Trainee Clinical Psychologist*

*Supervised by Senior Clinical Psychologist)*