**University College Cork**

**School of Applied Psychology**

**Doctorate in Clinical Psychology**

**Consent to Audio Taping and Transcription of a Therapy Session**

Your therapist is a trainee Clinical Psychologist at University College Cork. As part of their training they must submit examples of their clinical work for assessment to the university.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I give my consent for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trainee clinical psychologist) to make a recording of our therapy session.

I understand that:

* this recording will be used to form a written record of the session, after

which the recording will be destroyed

* all identifying information about me will be changed in this written record
* the recordings are entirely voluntary and my decision to give or refuse consent will not affect my entitlement to psychological therapy in any way
* the transcript will not form any part of my national health records
* the written record will be read by clinical psychologists at University College Cork and possibly by an External Examiner from another University and will be used to evaluate the work of the trainee clinical psychologist that I am seeing for therapy.
* I can change my mind at any point during the recording and the recorder will be switched off and the recording destroyed.

I have had the opportunity to discuss any concerns or queries regarding this.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Name of Trainee Clinical Psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_