**University College Cork**

**School of Applied Psychology**

**Doctorate in Clinical Psychology**

**Consent to the Use of Recorded Information**

**For Training Purposes**

Your therapist is a trainee Clinical Psychologist at University College Cork and currently on placement in this service. As part of their training examples of their clinical work must be seen by their clinical supervisor based in this service.

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

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

I understand that:

* 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 recording will be heard by the clinical psychologist supervising the work of the trainee 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.
* all material will be stored securely and that the recording will be destroyed after the relevant supervisor has listened to it.

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

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

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

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

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

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