**University College Cork**

**School of Applied Psychology**

**Doctorate in Clinical Psychology**

**Consent to Write a Case Report**

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 write up a case report based on my contact with the trainee.

I understand that:

* I can withhold my consent, and this will not affect my treatment
* All identifying information about me will be changed in this written record
* The written work 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 have had the opportunity to discuss any concerns or queries regarding this.

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

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

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

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

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