

CONSENT TO AUDIO/VIDEO RECORD A LIVE SKILLS SESSION

I, (student name) _____ agree to my intervention session being audio/video taped (delete as appropriate).

Audio/Video recording will be undertaken for (delete as appropriate)

Single session: Date of Taping/...../.....

On-going sessions: taping to commence...../...../..... until/...../..... (date)

It has been explained to me that:

- Taping of **any** session is entirely voluntary
- My identity will remain **strictly confidential**
- **Non-participation** in taping will not prejudice my marks on university course.
- I have a right to withdraw consent at **any time**, including during the session and after the tape has been completed, resulting in the card/disc or USB stick being erased.
- Withdrawal of consent will not adversely affect my human and statutory rights.
- My card/disc or USB stick will be stored in a secure facility and in accordance with the provisions of The Data Protection Act 1998. The tape may be watched/heard by myself, the student, the module team and external examiner. No other party will have access to the tape or its contents.
- My tape may be assessed by the module team who will ensure that confidentiality and privacy are maintained. Assessment will only take place within the School of Psychology and Counselling.
- Following the completion of the academic assessment process the card/disc or USB memory stick will be erased clear of any material by the Module Leader.
- I will be given a signed copy of this consent form.

Signed:

Student acting as Client/Helpsee

Date:

Signed:

Practicing Student

Date: