

AUTHORITY TO RECORD COUNSELLING SESSION

I/We _____ (Name of Client/s)

give permission to _____ (Name of Counsellor)

to use the film recording of the counselling session conducted on _____ (date)

for the purpose of

- clinical assessment
- training purposes
- supervision purposes

Following the recording of the session I/we can withdraw consent if I/we so wish and the recording will be destroyed/deleted.

Signed _____ (client/s)

Date _____

Signed _____ (Counsellor)