**Information**

The practitioner working with the child or young person you support is currently part of a post-graduate training course helping them to be more highly skilled and effective at their job.

The course is provided by the University of Exeter and we have to be satisfied that practitioners are working to the highest standards of quality and competence. The University does this by asking practitioners to regularly record their work using digital video. These recordings are used for supervision and assessment. Many practitioners record their work on a regular basis. It is a very common thing to do.

Supervision means meeting with small groups of other practitioners doing the same sort of work. Another more senior qualified and experienced practitioner discusses what the practitioner is doing, and they will look at these video recordings to help do this. They will give feedback and advice to the practitioner on how to fine-tune his/her work and develop their skills. Sometimes the practitioner will meet just with their supervisor one to one. They still get feedback and advice about making sure their work is as good as it can be.

Some recordings of their work are used by the University for assessment. Digital video recordings are securely stored on encrypted memory devices or computers at all times. They are kept by the university for no longer than 6 years from the date they are received.

The practitioner working with the child or young person you support will also have to write some “case reports” for assessment. These describe details of the work your child is receiving so we can make sure the practitioner concerned is doing this well and can get even better at it. Nothing that could identify you, where you work, or the child/young person you support will be in the report – all names will be changed so that nobody will know it’s you or the child/young person you support in the report. Anyone seeing the case reports or therapy recordings will keep their contents confidential. Recordings and case reports will be stored separately under secure conditions.

You can take away your consent at any time if you want without giving a reason. The work being done with the child/young person you support will not be negatively affected in any way if you decide to do this.

Please read the statements below and sign for each one you agree with and add the date.

**Consent for digital video recordings**

I/We understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently undertaking specialist post-graduate training and, as part of this training, his/her supervisor and/or course tutor will view recordings of their work.

I/We am/are happy for the work I/we may be doing with the child/young person I/we support to be digitally video recorded and for the recordings to be used for supervision and to be submitted to the course tutors for assessment purposes. I/We understand that I/we may also be present in some of these recordings.

I/We understand that I/we can take away my/our consent at any time without giving a reason and that this will not negatively affect the work being conducted.

*Signed Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**Extra consent for teaching**

It is very helpful sometimes to use real life examples of assessment and intervention work for training other practitioners. The contents of any sessions shared in this way would be kept confidential.

I/We am/are happy for recordings of work I/we may be doing with the child/young person I/we support to be used for teaching at the University.

I/We understand that I/we can take away my/our consent at any time without giving a reason and that this will not negatively affect the work being conducted.

*Signed Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*All recordings will be stored in accordance with the Data Protection Act (DPA), 1998. I/We give my/our consent on the understanding that the recording will be kept confidential and will be stored securely. I/We am/are aware that the recording will be erased once the teaching purposes have been fulfilled (six years from the date of submission) at which point the recording will be erased or securely destroyed. However, I/we may take away my/our consent at any time and have the recording erased.*

**Consent for Case Reports**

I/We understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently undertaking specialist post-graduate training and as part of this training that written case reports are sometimes required.

I/We am/are happy for the work I/we am/are doing with the child/young person I/we support to be written about and understand that nothing in any report can be used to identify me/us or the child/young person I/we am/are working with.

I/We understand that I/we can take away my/our consent at any time without giving a reason and that this will not negatively affect the work being conducted.

*Signed Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**Therapist Statement**

*“I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics] and workplace Policies, which have been strictly adhered to in terms of making the recording and seeking permission for its use. This signed consent form will accompany the recording or case report.”*

*Signed: ....................................................................................*

*Therapist Name: ............................................................................. Date: ...............................*