

Consent Form (Young Person) Digital Video Recordings & Case Reports CYP training

Information

Your therapist/practitioner is doing some training which will make them even better at helping you. The course is taking place at the University of Exeter. We have to be sure your therapist/practitioner is working to the highest standards. Some of the courses we run are accredited by the by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Family Therapy & Systemic Practice (AFT). Please ask your therapist/practitioner if you wish to know more about this.

One way the University does this is asking your therapist/practitioner to regularly record sessions using digital video, and to write "case reports". These are used for supervision and assessment. Recordings are securely stored on encrypted devices at all times. Video cameras or 'tablets'/lap-tops may be used to make this recording – you can ask to be recorded from behind if you do not want your face to be seen.

Supervision means meeting with small groups of other therapists/practitioners doing the same sort of work. Another more senior therapist/practitioner discusses what your therapist/practitioner is doing. Sometimes they will look at recordings of sessions to do this and give feedback and advice to your therapist/practitioner, on how to fine-tune and develop their skills. Sometimes your therapist/practitioner will meet just with their supervisor one to one to get feedback and advice about making sure their work is as good as it can be. Some recordings of sessions are used by the University for assessment.

"Case reports" describe details of the work you are involved in so we can make sure your therapist/practitioner is doing this well and can get even better at it. Personal details that could identify you will be removed from reports – for example names will be changed. Anyone seeing the case reports or recordings will keep the contents confidential. If you want, your therapist/practitioner will talk to you about the report and how it was written up to make you aware of the contents. Recordings and case reports will be stored separately under secure conditions for six years after your therapist/practitioner has graduated.

You can take away your consent at any time if you want without giving a reason. You may feel really uncomfortable during a session, for example, or feel there is something very private you do not want to share with others. Your work will not be negatively affected in any way if you decide to do this. If you take away your consent after a recording or report has been handed in for assessment, then it will have to be kept by the University for the normal length of time but will not be used for anything other than assessing your therapist/practitioner.

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

Consent for digital video recordings

- I understand that my therapist/practitioner is currently undertaking specialist graduate/post-graduate training at the University of Exeter and as part of this training, his/her supervisors and/or course tutors will view recordings of therapy.
- I am happy for my sessions 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 understand that I can take away my consent at any time, up to the point that recordings are handed in, without giving a reason and that this will not negatively affect my legal rights or the work I am engaged in. If I take away consent after the recording is handed in, it will be kept by the University for six years, but will not be used for other training reasons.
- I agree to the use of my recordings in the ways described above in this consent form.

Signed Child/Young Person:	 Date:
Signed Therapist/Practitioner: _	 Date:

Extra consent for teaching

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

- I am happy for recordings of my sessions to be used for teaching at the University.
- I understand that I can take away my consent for this specific purpose at any time without giving a reason and that this will not negatively affect in any way the work I am engaged in.

Signed Child/Young Person:	Date:
Signed Therapist/Practitioner	Date:
All recordings will be stored in accordance with the Data F	Protection Act (DPA), 2018
Consent for Case Reports	
I understand that my therapist/practitioner is currently training at the University of Exeter, and that as part of this of some of their work for assessment and training, and the trainees of the training course attended by my therapist/pr	training they must hand in written case reports nat these reports will be looked at by staff and
I understand that although every attempt will be made to identify me or my family, though it may be difficult to remove	
I understand that I can take away my consent at any tin without giving a reason and that this will not negatively affel I take away consent after the report is handed in, it will six years, but will not be used for other training reasons.	ect my legal rights or the work I am engaged in.
I confirm that my therapist/practitioner has given me all the the opportunity to read this information and think about it,	•
Signed Child/Young Person:	Date:
Signed Therapist/Practitioner	Date:
All written reports will be stored in accordance with the Da	ta Protection Act (DPA), 2018
Therapist Statement	
"I certify that I have conducted this clinical work in line wi Codes of Ethics [e.g. BABCP/AFT/ BPS Standards of Col and beliefs] and workplace policies, which have been stric and/or writing the case report and in seeking permission accompany the recording or case report.	nduct, Performance and Ethics/ AVIGuk values tly adhered to in terms of making the recording
I confirm that I have offered my client the opportunity to diwas presented"	scuss the content of any case report and how it
Name of Therapist/practitioner:	
Signed Therapist/Practitioner:	Date: