

VIDEO/AUDIO TAPE CONSENT FORM

As part of our aim in offering a high quality service, we have found it helpful to the work that people do with us to make recordings of sessions. Review of tapes usually furnishes us with more ideas that you might find helpful in your circumstances. It is also sometimes helpful in training people who are learning the job.

Please read the following paragraphs and, if you are in agreement, sign where indicated.

1 I / We consent to video/audio tapes being made of these sessions and to these tapes being used to aid the work.

Dated..... Signed.....
.....
.....

2 I / We consent to the excerpts from these recordings, or descriptions of them, being used by the (name of agency) staff for the purposes of supervision, research and/or teaching.

I / We understand that the (name of agency) staff will edit out from these recordings, or from descriptions of the recordings, as much identifying information as is possible.

Dated..... Signed.....
.....
.....

On behalf of the (name of agency), I undertake that, in respect of any video/audio tapes made, every effort will be made to ensure professional confidentiality and that any use of video/audio tapes, or descriptions of video/audio tapes, will be for professional purposes only and in the interests of improving professional standards through research or training programmes. Every effort will be made to protect the anonymity of all those involved in the sessions.

Dated..... Signed.....

Member of the (name of agency)

CONSENT FORM FOR TAPE RECORDING

All psychologists have regular supervision with a clinical psychologist, to discuss their work. In order to help the quality of the supervision, I am asking for your permission to tape-record our sessions. This is so my supervisor and I can talk about ideas and ways of working that might be helpful for you. In addition to this, small parts of the recordings may be transcribed/written down and used for work towards my training. If this were the case, all names and any factors which may identify you would not be included, so confidentiality would be maintained. All tape recordings would be destroyed after the work was completed.

The tapes would also be available for you to listen to a session again, should you wish to.

Please read the following paragraphs and, if you are in agreement, sign where indicated.

- 1) *I consent to the sessions being tape-recorded and these tapes being used with the therapist's supervisor in order to help our work.*

Signed..... Dated.....

- 2) *I consent to small parts of the tapes being used for work towards the therapist's training. I understand that part of any conversation that is written down would be kept anonymous.*

Signed..... Dated.....

I understand that, in respect of all tape recordings made, they will only be used for the purposes of supervision or towards work for training as stated above. Every effort will be made to ensure confidentiality.

Signed..... Dated.....

*(Trainee Clinical Psychologist
Supervised by Senior Clinical Psychologist)*

CONSENT FOR USE OF AUDIO TAPE/PHOTOGRAPHS MATERIALS

1. Name and address of person to be taped/photographed.

Name: Address:

2. Name and designation of interviewer/photographer.

Name: Address:

3. Purpose for which taped material/photographs is to be used (see next page).

4. I agree that the person named above may make the following recordings. It has been explained to me how this material will be used.

Tick as appropriate:

	YES	NO	
Audio tape	<input type="checkbox"/>	<input type="checkbox"/>	Signature.....
			Witnessed by.....
Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Date.....
			Designation.....
Video tape	<input type="checkbox"/>	<input type="checkbox"/>	

OR

5. Acting on behalf ofI agree that the following recordings may be made for the purposes stated below:

Tick as appropriate:

	YES	NO	
Audio tape	<input type="checkbox"/>	<input type="checkbox"/>	Signature.....
			Relationship.....
Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Date.....
			Name.....
Video tape	<input type="checkbox"/>	<input type="checkbox"/>	Address.....
		

EXPLANATION OF PURPOSE

1. What was recorded?
2. (a) How is this material to be used?
 (b) What are you going to do with it?
 (c) Who will it be shown to?
 (d) When? and how frequently?