



Lois Reid College of Counselling Studies

Armidale Diocese Anglican Counselling Training Service Inc

Permission to Record

I/We, give permission
(print name)

..... give permission
(print name)

to to record
(print student's name)

on either video or audio tape, whichever is available, (.....)
(word) (number)

sessions for training purposes only. I/We understand that the material recorded will be viewed or heard only by qualified trainers and/or supervisors. It is my/our understanding that the focus of this/these interview/s is primarily on the student's work and all reports made will be with that focus in view.

I/We understand that certain matters are of a criminal matter and/or reportable:

- viz: current child sexual abuse;
- current domestic violence of any kind;
- illegal immigration;
- or criminal acts such as murder, theft, etc

All recordings are kept securely and confidentially, and all the material obtained will be treated with strict confidentiality, except in reportable matters which then take precedence over confidentiality.

I/We have read the above and voluntarily sign this consent form.

Signature..... Date

Signature..... Date

Student's signature Date

Observer's/Witness' name

signature Date