**AUDIO RECORDING OF COUNSELLING SESSIONS –CONSENT FORM**

As part of ongoing self-development counsellors occasionally need to record a counselling session. A short part of the session is then written out word for word as a transcript. The counsellor will use the anonymized transcript in discussion with their supervisor.

I understand that

* this is for the sole purpose of being able to provide evidence of my counsellor’s practice and skills
* only my counsellor will listen to the recording
* the recording and transcript will be anonymous and stored in a secure place
* my counsellor will write up a 10 minute section of the session
* this written 10 minute section will discussed with her/his supervisor
* the recording will be destroyed after it has served it purpose and this will be within a period of 6 months from the date of recording
* I can change my mind about having my counselling session recorded either before or during the session.

I understand the above conditions and give my consent to my counselling session on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being recorded and a ten minute anonymized transcript being written.

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be held in the client’s file.