



Consent to recording of therapy session for the purpose of professional registration and/or professional development

I hereby consent to my therapy sessions being filmed/audio recorded, subject to the following conditions:

- I understand that the film/audio recording (delete as appropriate) will be used for one of the following purposes:
 - Assessing the therapy skills of the therapist whose name appears below, in connection with their professional registration with the Human Givens Institute;
 - Sharing with a supervisor or members of a peer supervision group in connection with professional development.
- The film will be seen only by the therapist conducting the session, their supervisor or peer supervision colleagues and/or the assessor/s employed by the Human Givens College or Human Givens Institute;
- Any person viewing the film/audio recording is bound to keep its contents confidential, under the requirements of the Ethical Framework of the Human Givens Institute;
- The film/audio recording will be kept and handled in a secure manner;
- The film/audio recording will be used for no other purpose than described above without my written permission.

I have the right to revoke this consent at any time by informing the therapist with whom I am working, and in this event, all recordings of my sessions will be permanently erased.

Session date/s to which this consent applies:

SIGNATURES:

Client: Date:

Print name:

Therapist: Date:

Print name: