

ACKNOWLEDGEMENT & CONSENT FORM for Parent/Carers

Child/Young Person (Name): _____ School: _____

The therapist agrees to:

- Work safely and ethically in accordance with professional guidelines
- Give reasonable warning of any cancellation or alteration of session times
- Keep the content of the session confidential unless informed of harm or risk of harm to a child
- Only break confidentiality for safeguarding concerns, including risk of harm to self, family members or anyone else
- Give feedback written/verbally where required and agreed e.g. GP, Schools and Parent/Carer
- Provide sessions lasting 30-50 minutes (dependant on age)

The Child /Young Person (13years +) agrees to:

- Attend appointments as arranged
- If you decide you want to end our work, you will discuss this in session with your therapist

The Parent/Carer agrees to:

- Ensure that you or the child/young person attends appointments on time, and remain in the building unless absence is unavoidable
- Give notice of cancellation if you or the child /young person cannot attend the session
- Respect the child/young person's choice about confidentiality of sessions
- Attend a review/feedback meeting with the client and therapist, as discussed at assessment.
- The therapist sharing information, verbally or in writing, as explained in the Privacy Notice. Please note that some information sharing is essential to our work, some is required by law, while other kinds of information sharing will only happen with your specific consent.

Please Tick

ACKNOWLEDGEMENT & CONSENT	Yes	No
I have read and understood the Agreement above and CONSENT to Sandcastles Play Therapy & Counselling Service providing therapeutic support for me or my child.		
I ACKNOWLEDGE that I have received a copy of Sandcastles Play Therapy & Counselling Service 'Privacy Notice' and understand how and why my or my child's personal information is obtained, used, and shared in line with the General Data Protection Regulation (GDPR).		
I CONSENT to Sandcastles Play Therapy & Counselling Service using and sharing sensitive personal information in the course of providing the therapeutic support for me or my child and reporting to the referring agency		
I CONSENT to Sandcastles Play Therapy & Counselling Service using my details to tell me about events, resources and other organisations which may be useful to me and/or my child. This is referred to as Direct Marketing.		
I CONSENT to Sandcastles Play Therapy & Counselling Service using and sharing sensitive personal information to evaluate, monitor and report on its work as a therapeutic practice. I understand that this will NOT be done in a way which allows individuals to be identified, UNLESS separate specific consent is given.		
I UNDERSTAND that I will be asked for separate specific consent relating to the further sharing of personal information where I agree that this may be of benefit to me, my family or my child.		

Therapist: _____ Signature: _____ Date: _____

Parent/Care Name: _____ Signature: _____ Date: _____

Child /Young Person (13years +) confirmation regarding acknowledgement and consents as indicated

Name: _____ Signature: _____ Date: _____