



## **CONSENT FORM: PARTICIPATION IN COUNSELLING**

- I have studied the information on your website, particularly the frequently asked questions section found at <https://www.salford.ac.uk/our-facilities/counselling-centre-and-service>.
- I confirm that I have understood the information about the counselling service provided on the Client Information Sheet and on the Centre website.
- I understand that my participation in counselling with the centre is voluntary and that I am free to withdraw from counselling at any time without giving any reason.
- I understand that anonymised routine session data is collected. The information is statistical only and my personal details cannot be identified. I understand that this data may be used in centre evaluation and research projects, including publications, by members of the research team at The University of Salford Counselling and Psychotherapy Centre and within the University Counselling Clinics Consortium.
- I confirm that I am aged 18 or over and that I am aware of what my participation in counselling involves and any potential risks.
- I understand that confidentiality may be broken if required legally or should it be considered that I pose a significant risk to myself or to others; I also understand that should I disclose sensitive information related to child protection issues, that confidentiality and anonymity can be broken. Should this arise, I understand that my counsellor and / or centre staff will make every effort to discuss the matter with me, so that informed decisions and actions are taken.
- I understand that sessions are normally recorded and that extracts of these recordings will be listened to by my counsellor's supervisor/ tutor for quality control assessment and training purposes.
- I agree that, should I choose to have counselling by telephone or online methods (like zoom) I have a functioning computer system or reliable telephone connection and a private space that will not be interrupted. I understand that if any technical errors occur the counsellor will offer an alternative.
- I understand that on completion of this self-referral process an electronic record will be created for me in a secure, password protected environment in order to protect my data.
- I understand that by ticking to indicate my consent and clicking the 'Send' button I'm confirming my understanding of and agreement with all bullet points above.