

Tel: 07805 987472 Email: alisonsmithcounselling@gmail.com Website: alisonsmithcounselling.com

This Parent/Carer Consent Form is for schools, SEND workers, social workers or other referrers to pass on to parents/carers following a referral to Alison Smith Counselling. Signed permission from a parent or carer is required before work commences. It is broken down into three sections all of which need to be read and signed by a parent/carer ahead of therapy starting

Parent / Carer Consent Form

<u>Section 1 - Consent for your child to work outdoors and engage with the</u>
<u>environment and/or animals here</u>: Counselling sessions with me provide children
and young people with a safe, confidential space to explore difficult feelings and,
over time, think of new ways to respond to these feelings, which can help build
emotional resilience, self-awareness and self esteem – improving general wellbeing.

I am passionate about offering a blended approach to counselling. We are able to be outside in the wonderful environment, engage, interact with and observe the animals here, as well as have the opportunity for time in my counselling room where I have lots of creative resources. This flexibility means that I am truly able to meet the client where they are at and support their unique needs.

My work is largely **outdoors-based** and can include interactions with the animals here which includes dogs, horses, sheep, lambs and guinea pigs. With older clients, and once a relationship has been established, there is a possibility for us to leave the site on local public footpaths. All activities and the environment are risk assessed – and I am dynamically risk assessing within each session - but inevitably there is an element of risk involved in the work. I therefore ask that you give written consent for your child to participate in sessions. PLEASE LET ME KNOW IF YOU DO NOT WANT YOUR CHILD TO LEAVE THE SITE AT WICK YARD

I give consent for	to take part in
counselling sessions with Alison Smith	
Signed by	
Relationship to client	
Date	



Tel: 07805 987472 Email: alisonsmithcounselling@gmail.com Website: alisonsmithcounselling.com

Section 2 – Collecting information and permission to hold personal data

Child's name:	
Child's address:	
Parent/carer name and address (if different to above):	
Telephone number:	
2 nd emergency name and phone number:	
Please give details of any allergies and medical conditions:	
Any other relevant information which will be helpful for me to know? (Please use extra sheet if needed)	
Regarding personal data , by ticking the boxes, I understand and agree to the following:	
That any relevant personal data, including relevant name(s), address(es) and contact information <i>for myself</i> , will be securely held by the counsellor who is seeing my child.	
That personal data relevant to my child, including his/her name, DOB, form, address(es), medical information, reason for referral and any relevant safeguarding information will be securely held by the counsellor who is seeing my child.	
That neither the personal data about myself nor that of my child will be shared with a third party other than the relevant school staff, except in circumstances where this is deemed necessary for safeguarding.	
That I have the right to access, withdraw, change, restrict, port or erase any of the above personal data.	



Tel: 07805 987472 Email: alisonsmithcounselling@gmail.com Website: alisonsmithcounselling.com

Section 3 - By signing at the bottom of this document:

- I confirm that I have received/seen on the FAQs for Parents & Carers (available at referrals | Alison Smith Counselling) and know that I can contact Alison Smith directly if I have any concerns connected to my child.
- I understand that Alison Smith belongs to the British Association for Counselling and Psychotherapy (BACP), works within the BACP Ethical Framework and is fully committed to acting in the best interests of my child.
- I understand that if Alison Smith believed there to be an imminent risk of serious harm to my child or to any person connected to my child, she would be obliged to involve others, to help to safeguard my child and/or anyone connected to him/her.

Parent/Carer	(Signature)
	(Printed)
Date	

Tel: 07805 987472 Email: alisonsmithcounselling@gmail.com Website: alisonsmithcounselling.com

Extra Sheet for any additional information that a parent/carer feels relevant to share