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| --- |
| **Child’s name:** |

**I understand that any information or personal details you collect about me, my child or family during play therapy or Creative Counselling are confidential, and that neither my name, address, nor any other information that identifies me or my child will be released or published outside the organisation/agency/school.**

**(During the course of therapy we will be recording information about your son or daughter but we will not reveal your child’s name and address in any information we share with anyone else, unless it is for medical or legal reasons. We use all information in line with data protection legislation including the GDPR. Please ask us if you would like details of the information that we collect and how we use it.)**

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| --- | --- | --- |
| I agree that my child can attend play therapy/ creative counselling sessions. | Yes | No |
| I agree that the information you collect will be used formonitoring and review purposes, as part of the therapist’ssupervision. | Yes | No |
| I agree that clinical information that does not identify my child may be used for research purposes and for case studies. I understand that any information used will remain confidential, and that no information that identifies me or my child will be used or published.If I do not agree to you using information as above, this will not affect any care my child receives.  |  Yes | No |
| Parent’s signature: | Date: |
| Please print your full name: |  |

POP Therapy Ltd Data Protection Register number: TBC

Play Therapy UK Data Protection Register number: ZA107748