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**MA MUSIC THERAPY**

**Audio/Video Consent Form**

Name of Music Therapy Trainee: {*trainee’s name*}

This trainee is currently studying for an MA in music therapy in order to register with the HCPC and become a professional music therapist. As part of the learning on the course he/she needs permission to make audio/video recordings of the music therapy sessions.

All recordings will be kept in a responsible and confidential way and only kept until the end of the course.

Recordings are made for three different purposes:

1. *To enable the trainee to listen/watch the work, and to learn from and monitor their own practice.*
2. *To enable trainees to bring examples of their work to supervision, where their music therapy supervisor and up to five other music therapy trainees can monitor and comment enabling the trainee’s music therapy practice to develop.*
3. *To enable the trainees to bring examples of their music therapy work when they present their work in an exam situation. This does not normally exceed five minutes of recording.*

The full identity or any identifying information of the people involved in the recording will not be disclosed in any of the above contexts.

I give consent for the above named trainee to make recordings using

**audio video** (please circle either or both)

of music therapy sessions with (name of person receiving therapy)

I understand that the recordings will be used only in the ways stated above.

I give/do not give\* permission for the recording data and any notes made of the session to be stored on a secure university server which is password protected and only available to the student and their supervisor.

I give/do not give\* permission for up to 5 minutes of recorded extracts to be retained for use in job interviews once the student has graduated. This data will not be identifiable and will be stored securely on the university server.

\*delete as appropriate

Signed: Date:

Relationship to client (if signed on their behalf):

Signature of Placement Supervisor: Date:

*Please only give permissions if you feel comfortable. Your child will be offered music therapy regardless of whether or not you give permission to record. You are free to withdraw consent at any time.*