



# STEPS4WARD

## PUPIL THERAPY SESSIONS

### PUPIL CONSENT FORM



\_\_\_\_\_ (name of school) are offering you the opportunity to attend STEPS4WARD therapy sessions. These are provided by therapists at Collins-Donnelly Consultancy. The school should have provided you with a leaflet on STEPS4WARD therapy.

As part of referring you to us for therapy, your school may provide us with some information about you. If your therapist requires any further background information from any other professionals, such as your doctor, he or she will ask you (and/or your parent/legal guardian where appropriate) if it is ok to contact them for this. All information provided will be held securely and confidentially.

Anything you tell your therapist will be kept confidential.

There may be times when your therapist feels that it is in your best interest for you or them to share certain pieces of information or strategies that the two of you have discussed with your parents and/or your school. If this is the case, your therapist will discuss this with you to see if you agree.

In addition, if your therapist believes that you or another child has been hurt or that you are at risk of harming yourself or another person, he or she may have to tell someone. Your therapist may also have to reveal information if requested to do so by the courts.

#### CONSENT STATEMENT

I \_\_\_\_\_ (your name), understand the conditions above and agree to attend STEPS4WARD therapy sessions provided by Collins-Donnelly Consultancy at \_\_\_\_\_ (name of school).

#### PRIVACY STATEMENT

I have read and understand Collins-Donnelly Consultancy's Privacy Policy and I consent to Collins-Donnelly Consultancy processing my personal information in the manner detailed in the policy. I understand I can withdraw this consent at any time and how to do this.

## CONFIDENTIALITY STATEMENT

I understand the information supplied to me about the therapy being offered and that my therapist may need to share information with an appropriate third party to prevent serious harm to me or others, if there is a safeguarding issue or if required to do so by law.

Signature\_\_\_\_\_ Name\_\_\_\_\_

Contact telephone number\_\_\_\_\_ Date \_\_\_\_\_