



Consent for Participation in Therapy Sessions

Name of IKON Student (please print) _____

Student Group Code (i.e. SATAT10) _____

I volunteer to participate in a practice client therapy session(s) conducted by the above listed student at the IKON Institute of Australia.

I understand that the sessions are designed to allow the student to practice their therapy skills as taught in the IKON Institute's various qualifications and does not replace sessions with a qualified practitioner.

Participation may involve being recorded (audio and visual) while discussing an issue of my choice with the student. As part of their assignment, students will write a report focussing on self-evaluation of the skills they practiced and submit the recording and the written assessment to the IKON Institute for marking.

PRIVACY: For the purpose of the practice session, the client will be identified within the assignment by first name only, along with relevant demographics such as age, gender or marital status.

CONFIDENTIALITY: The content of the session will only be disclosed to a) the student conducting the session, b) the lecturer marking the assessment c) the experienced clinician conducting supervision to support the student's ongoing skill development, and d) in rare cases the Head of Faculty, when further evaluation is required regarding the student's skills or if serious concerns arise as to the content discussed in the session (please refer to section on Mandatory Reporting Requirements).

MANDATORY REPORTING REQUIREMENTS: If in the course of the practice session the client discloses information that clearly indicates that there is a risk of imminent danger to him or herself or to another person, the student counsellor is legally bound to take necessary steps to prevent danger. This includes, but is not limited to notifying the proper authorities and may involve cooperation with said authorities by disclosing content of the therapy session that specifically relates to the perceived danger.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in practice therapy sessions. I also have been given a copy of this consent form.

Signature

Date

Printed Name

Signature of IKON Student

Date