|  |
| --- |
| Panorama Avenue BATHURST NSW 2795  T: +61 2 6338 4000 | E: SOP-Office@csu.edu.au | csu.edu.au/psychology  Charles Sturt University - TEQSA Provider Identification: PRV12018 (Australian University). CRICOS Provider: 0005. ABN: 83 878 708 551. |

School of Psychology

Faculty of Business, Justice, and Behavioural Sciences

# Information for clients and parents about Provisional Psychologists undertaking further training in NSW schools

You have recently been offered an appointment to see a Provisionally Registered Psychologist who is currently completing further study through Charles Sturt University. This person has a four-year degree in Psychology and has been accepted into a post-graduate professional psychology course. The course is a Masters level degree program, whereby students spend some of their time studying through Charles Sturt University and some of their time working under supervision while on placement within various NSW Public school settings.

The NSW Department of Education and Training believe that it is essential to assist with the training of professional psychologists and so offer placements within their services for Provisionally Registered Psychologists who are undertaking this training. These Provisionally Registered Psychologists are closely supervised by one or more qualified and experienced Registered Psychologists.

As a part of their training, the Provisionally Registered Psychologists may be required to present some of their de-identified casework for supervision or University assessment purposes. The Provisionally Registered Psychologist will discuss this with you first and will not proceed without your signed permission to do so.

Sometimes you may be asked if the supervisor can sit in on your session to observe their supervisee. You might also be asked for your consent to record (on audio or video tape) sessions, so that the supervisor may review the Provisionally Registered Psychologist’s skills and progress. You might also be asked if your Provisionally Psychologist can write up your de-identified case for submission to the University staff as a requirement of their course.

We want to make it clear that you have the right to refuse any or all of these requests. This will not impact on the treatment you receive in any way. Even if you give consent, you can withdraw your consent at any time prior to the submission of the recording or written report.

If you have any questions, your Provisionally Registered Psychologist should be able to answer these at your first appointment. Please feel free to also contact the Provisionally Registered Psychologist’s Supervisor.

|  |  |
| --- | --- |
| Name of Supervisor: | Contact number or email: |
| Name of University Field Placement Coordinator: | Contact email:  psychology-wpl@csu.edu.au |

[THIS INFORMATION SHEET IS FOR YOU TO KEEP]

# Consent form for case discussion

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provisionally Registered Psychologist’s name) to discuss my case as part of meeting post-graduate study requirements.

I understand that the purpose of case discussion is to assist in ensuring that a high quality of professional service is being provided to me by my Provisionally Registered Psychologist.

I understand that my privacy will be protected, in that my real name will NOT be used, and any other potentially identifying information will NOT be mentioned.

I also understand that the private discussions will only involve other Registered Psychologists, who are bound by a Code of Ethics in relation to protecting privacy and understanding the importance of confidentiality.

I have been given the opportunity to ask questions about this process before signing this form, and my questions have been answered to my satisfaction.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |
| Name of Provisional Psychologist: |  |
| Signature: |  |
| Date: |  |

**Staff:** Please make a copy of the signed form and give it to the client.

# Consent form for video/audio recording of interview or therapy session

I hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provisional Psychologist’s name) to audio and/or video record (cross out as appropriate) our session. I understand that the recording will only be seen or heard by my Provisional Psychologist’s supervisor who is also a Registered Psychologist. I understand that the recordings will not be released to any other person without my written consent. The name and status of the supervisor is:

|  |  |
| --- | --- |
|  |  |
|  |  |

I understand that the purpose of the audio or video recording is to assist in ensuring that a high quality of professional service is being provided to me by my Provisional Psychologist. I also understand that having given my permission for recording on one occasion, my permission will be asked again if any further recording is to occur. I also understand that I can withdraw my consent for recording at any time, and the recording will be stopped at my request.

I have been assured that the usual level of confidentiality will be preserved and that the recordings will be stored securely. I also understand that this permission covers one clinical session only and that I can decline any further requests to record my clinical sessions without experiencing any disadvantage with regard to the service being provided to me.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |
| Name of Provisional Psychologist: |  |
| Signature: |  |
| Date: |  |

**Staff:** Please make a copy of the signed form and give it to the client.

# Consent form for written case study

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provisionally Registered Psychologist’s name) to write-up my case in the form of a case study as part of meeting post-graduate study requirements.

I understand that the purpose of the written case study is to assist in ensuring that a high quality of professional service is being provided to me by my Provisionally Registered Psychologist.

I understand that my privacy will be protected, in that my real name will NOT be used, and any other potentially identifying information will NOT be mentioned.

I also understand that the written document will only be read by other Registered Psychologists, who are bound by a Code of Ethics in relation to protecting privacy and understanding the importance of confidentiality.

I understand that I can withdraw my consent at any time prior to the submission of the written report.

I have been given the opportunity to ask questions about this process before signing this form, and my questions have been answered to my satisfaction.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |
| Name of Provisional Psychologist: |  |
| Signature: |  |
| Date: |  |

**Staff:** Please make a copy of the signed form and give it to the client.