



Faculty of SOCIAL WORK

Client Consent Form (Minor) – Field Practicum Report

You have agreed to that your child _____ (Name) would receive counselling support from _____ (Name of MSW Student), in their role as a practicum student completing a Master of Social Work degree through the Faculty of Social Work, University of Regina at _____ (Name of Agency). The student's University Academic Supervisor is: _____ (PHONE NUMBER _____).

As part of practicum, the student is required to write a final Field Practicum Report outlining and discussing knowledge and skills gained from the practicum experience. The student's final report will discuss and analyze aspects of their learning experience. This integrative Field Practicum Report will focus on social work and counselling practice and theory and will discuss skill development within the context of counselling sessions under supervision.

You are being asked to give permission to have elements of your child's counselling experience with this student counsellor included in the student's final report. Elements included in the report may highlight issues that arise in the course of the sessions, and the student's theoretical analysis of the issues and the particular theoretical or methodological approach they applied in the sessions. All identifying information will be changed and pseudonyms used to ensure that your child cannot be identified.

Confidentiality:

- To ensure confidentiality, your child will not be identified by name and no identifying information will be used in any portion of the final report or drafts leading up to the completion of the final report. As stated, the final report will serve to highlight aspects of the sessions pertaining to your child and will describe the counselling theories and methods used that were instrumental to the student's learning process.

Right to Review and Withdraw:

- Upon request, you will be provided with the final draft of the student's Field Practicum Report.
- You have the right to agree/not agree to the inclusion of aforementioned elements of your child's counselling sessions in the student's final Field Practicum Report. The availability and quality of services provided to your child will not be impacted by this decision.
- You have the right to agree and subsequently withdraw your consent for information related to your child's situation from the report at a later date. Please contact the student by _____. After this date, the information cannot be removed, as the final report will already be submitted for review and approval. The student can be contacted by phone through their Academic Supervisor at: PHONE NUMBER _____.
- Student reports are maintained by the University of Regina library, and therefore become part of the public record. Field Practicum Reports will be available online for public viewing.

INFORMED CONSENT AND SIGNATURES:

I have read and understand the information provided; I have had an opportunity to ask questions and my/our questions have been fully answered. A copy of this Consent Form has been given to me for my records. I hereby give consent to, _____ (Name of MSW student) to incorporate elements of my child's counselling sessions in their final report. I understand that this final report is required for the completion of a Master of Social Work degree. I understand that a copy of this form will be placed on my child's confidential file within (Name of Agency), _____. I understand that once the final report becomes part of the Institution Library and the public record I cannot withdraw consent. I understand that if I elect NOT review the final Practicum Report, that this consent will continue to apply.

(Parent's signature)

(Date)

(Child's signature - for children over the age of 12 years)

(Date)

(MSW Practicum Student's signature)

(Witness)