



## Client Consent Form – Field Practicum Report

You have agreed to receive counselling support from \_\_\_\_\_, in their role as a practicum student completing a Master of Social Work degree through the Faculty of Social Work, University of Regina. The student's University Academic Supervisor is: \_\_\_\_\_ (PHONE NUMBER \_\_\_\_\_).

As part of the practicum, the student is required to submit 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 counselling/therapy 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 permission to have elements of your 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 your 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 you cannot be identified.

### **Confidentiality:**

- To ensure confidentiality, clients 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 client sessions and 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 version of those aspects of the student's Field Practicum Report that may pertain to your sessions with the student.
- You have the right to agree/not agree to the inclusion of aforementioned elements of your counselling sessions in the student's final Field Practicum Report. The availability and quality of services provided to you will not be impacted by this decision.
- You have the right to agree and subsequently withdraw your consent for information related to your 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, \_\_\_\_\_ give permission to \_\_\_\_\_  
(Student's name)

to incorporate elements of my counselling sessions with him/her, as a student counsellor during this practicum placement, into his/her Final Practicum Report. I understand that this final report is submitted to the Faculty of Social Work as required for completion of a Master of Social Work degree. I understand that a copy of this form will be placed on my confidential file within (Name of Agency), \_\_\_\_\_ or if no such file exists, with the student's Academic Supervisor in his/her confidential and locked filing cabinet at the University of Regina. I understand that the final report becomes part of the Institution Library and the public record. I understand that if I elect to NOT review the final Practicum Report, that this consent will continue to apply.

\_\_\_\_\_  
(Client's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Practicum Student's signature)

\_\_\_\_\_  
(Witness)