

METAVISION

0248 622 559 • enquiries@metavision.com.au



INSTITUTE

82 Burradoo Rd, Burradoo, NSW, 2576

Video Counselling Consent Form

I, give permission for the intern student to record and submit one counselling session with me for assessment with her/his supervisor.

I understand that the recording will be used for no other purpose, and that the only persons to view the recording, other than the student, myself and the student's study partner will be the supervisor/trainer from the Metavision Institute.

I understand that the video will be returned to me, or destroyed, at the completion of the assessment process for the intern student.

Signed:

Date: