



Confirmation of client participation in video assessment by Practice Mentor

Name of student:

University of Leeds
Student ID Number

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Module title:

Name of Practice Mentor or /and delegated teacher:

Agency name and address (inc postcode) where assessment video was recorded:

The session was recorded on (date):

Before you sign please ensure:

1. You can confirm that the above named student counselled/advised a client from the above mentioned agency for their video assignment and all relevant consent was obtained and all documentation completed prior to the video being recorded
2. The student did not assess a role-played client
3. You are prepared to demonstrate evidence that the person counselled/advised in the video was a client
4. You would be willing to attend a University Examination Board meeting to support your signature
5. You have seen the completed limited consent form signed by the client

We (the student and the Practice Mentor) understand that the consent form must be kept with the client's records or with the Practice Mentor as under exceptional circumstances the University may need to gain access to this document

Signed by student:

Signed by Practice Mentor (Not the delegated teacher):

NB The student should retain a copy of this form and the original should be attached to the video submitted for supervision/examination

**VIDEO SUBMISSIONS WILL NOT BE ACCEPTED FOR SUPERVISION
OR EXAMINATION WITHOUT THIS FORM**