



Confirmation of client participation in video assessment

Name of student:

University of Leeds
Student ID Number

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Module code:

Module title:

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Name of Practice Mentor:

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

The session was recorded on (date):

We (the student and the Practice Mentor) hereby confirm that the accompanying video is a recording of the above named student in a counselling/advice session with a bona fide client/service user.

1. The student did not assess a role-played client
2. All relevant consent was obtained and a *Limited Consent Form* was signed by the client prior to the video being recorded. We understand that the *Limited 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
3. We are prepared to demonstrate that the person counselled/advised in the video was a client
4. We would be willing to attend a University Examination Board meeting to support our signatures

Signed by student:

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Signed by Practice Mentor

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NB The signatories 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**