

Master of Counselling – Client Consent Form

Name of Student: _____ **Student ID:** _____

Name of Placement Agency (“the Agency”): _____

Your counselling is being provided by a Master of Counselling student from Monash University. All counselling students are supervised by an experienced practitioner who may be a trained counsellor or psychologist. Counselling students are committed to safe and ethical practice. They are required to have a valid Working with Children Check and to undertake their work in accordance with the Child Safe Standards (Commission for Children and Young People) and the National Code of Conduct (Health Complaints Commissioner, 2017).

For information about the Working with Children Check please visit:

<http://www.workingwithchildren.vic.gov.au/>

For information about the Child Safe Standards please visit:

<http://www.ccyp.vic.gov.au/child-safe-standards/>

For information about the National Code of Conduct please visit:

https://hcc.vic.gov.au/sites/default/files/code_of_conduct_a4_summary_poster.pdf

https://hcc.vic.gov.au/sites/default/files/code_of_conduct_full_text_a3_poster.pdf

Where the student is a member of a specific professional membership organisation, they will also work in accordance with the relevant Codes of Ethics (e.g., Australian Counselling Association, Psychotherapy and Counselling Federation Australia, or local equivalent).

Should you have any concerns regarding the service you have been provided by a Monash University Counselling Student, please contact the Professional Experience Office (details below).

Informed consent:

I agree to participate in counselling sessions to be provided by a Master of Counselling student from Monash University.

Client’s Full Name (please print): _____

Client’s Signature: _____ **Date:** _____

Informed consent for clients under the age of 18:

I am the parent or legal guardian of the client and I grant permission for them to partake in counselling sessions to be provided by a Master of Counselling student from Monash University.

Parent/Guardian’s Full Name (please print): _____

Parent/Guardian’s Signature: _____ **Date:** _____

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