



Supervisor Training & Approval Program

Recording Consent Form [RCF]

1. Recordings are made to enable supervising psychologists to receive feedback on their performance.
2. The recordings will be either heard/viewed by the supervising psychologist, and/or his or her professional supervisor/s, and or by the Supervisor Training and Approval Program evaluator(s).
- *3.
 - a) The recording will be erased as soon as the feedback/consultation/evaluation process is complete.
 - b) The recording may be kept on a permanent basis for training purposes.

* Strike out (b) if consent not given.
4. All recordings will be securely maintained.
5. I understand that I have the right to request that the recording be turned off at any point during the sessions.
6. I understand that for purposes of supervision the sessions may be routinely observed. I also understand that before each session, I will be informed as to when direct observation will be taking place.
7. I hereby consent to have a recording made on the above conditions.
8. I hereby consent to be observed in respect to the above conditions.

Supervisee's Name (print clearly in block letters)

Supervisee's Signature

Supervising Psychologist's Name

Psychologist's Signature

/ /
Date