

Consent Form

I understand that my child's participation in this group programme will involve:

- Taking part in an assessment with the group facilitators before the group starts. During this, he/she will be asked about themselves and their feelings. During this interview, notes will be taken. These will be stored securely.
- He/she will also be asked to complete some assessments and questionnaires before the group starts and at the end of the group. This information will help us measure any changes that have occurred. The data will also be used to evaluate the group. I understand that this information gained may be used for written publication.
- Attending 6 sessions. However, I understand that my son's /daughter's participation in this group is entirely voluntary and that he/she can withdraw at any time.
- I understand that the facilitators will have regular supervision with their supervisors. This is to ensure ethical and safe practice. I understand that the facilitators may discuss relevant information about my child during supervision.
- I understand that my child's participation will be treated confidentially and all information will be stored securely. All information (including comments) appearing in the final evaluation report will be anonymous.
- We will not be able to inform you what they have discussed during the assessment or within the group, as your child's information is confidential. However if there are any concerns relating to safeguarding, we will follow our safeguarding policy, inform yourself (if appropriate to do so) and the necessary agencies. However, if we have any concerns regarding their ability to participate in the group we will discuss the relevant information with you.

I give Permission for the school/organisation and Innovating Minds to (please indicate response):

Take photographs of my child's work Yes No

Share the photographs on social media Yes No

Use quotes within reports and social media Yes No

In relation to the information provided in the information sheet and consent form, I give

consent for my child

to attend the Healing Together group programme.

Signature of Parent or Guardian:

Print Name:

Date: