Therapeutic Life Story Work International

PARENT / GUARDIAN / CARER

CONSENT FORM

**Professional Diploma in Therapeutic Life Story Work (TLSW)**

As part of the Diploma in Therapeutic Life Story Work course, students need to complete an intervention of TLSW using the Rose Model of Therapeutic Life Story Work. The student will then present their reflections on these sessions to a small group of students and the Viva Assessor in order to assess if they have put the learning of the training into practice well enough to achieve the Professional Diploma and Certified Practitioner status. Each person that attends the presentation of the work completed by the child/young person are required to agree confidentiality and no external discussion of the work presented is allowed – we take the privacy of those we work with as a priority.

This permission form stands as an agreement that the intervention of TLSW is accepted by those who hold parental and/or corporate parental responsibility for the child/young person to engage.

Confidentiality is assured at all times unless your child, or other individual/s are thought to be at potential or actual risk of harm for any reason. In such a case, the student is required to follow procedures set out in the TLSWi Safeguarding Policy which is available under ‘Resources’ via the membership dashboard, and students are also advised to seek clarification from their supervisor and line manager as appropriate.

If an instance of child protection or safeguarding is reported, students are to keep a record of their engagement and a copy of this should be made available to the Course Director if requested.

If you would be happy for your child/young person to be involved in this intervention, please complete this form with your agreement and signature.

As the parent / guardian / carer, I agree to my child being part of the therapeutic life story work sessions for the Diploma in Therapeutic Life Story Work course.

Child/young person/adult's name.................................................

Name of school / Organisation

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Name of Parent / Guardian / Carer (please print)

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Contact Number

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Parent / Guardian / Carer's signature

.................................................................. Date …........................

Any comments you wish to make regarding your child's particular needs:

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Thank you

Richard Rose APP
Therapeutic Life Story Work International
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