



ABN: 65 171 835 925
The Cottage,
163-167 Albert Road
Strathfield NSW 2135
T: 02 9746 8800

CONSENT FORM

Video Participation

I am willing to participate in a video taped counselling interview, which will be part of an assessment in the Graduate Diploma of Counselling at the Institute.

I understand that the video will be submitted and viewed by an academic staff member of the Institute for assessment purposes only.

I understand that the video will be returned to the student who interviewed me, and remains their property.

Participant: _____

Signature: _____

Date: _____

Student Counsellor: _____

Signature: _____

Date: _____

If you have any questions or concerns about your participation, please contact the Registrar on (02) 97468800

Thank you for participating in this interview.