Client Consent for Video Interaction Guidance (VIG) Therapeutic Work

How your data is used and protected by
[Name of VIG Trainee/ Service with VIG Trainees] VIG Trainee(s)

Name of Baby/Child: …….
Name of Parent: …….
Address: …….
…….
Postcode …….
Mobile/Telephone number: …….
Email: …….

Information Used for VIG Therapeutic Work and Why?

- The VIG sessions will be recorded for the purpose of VIG therapeutic work, and the VIG Trainee's training.
- The filming may be done face-to-face or online using [online platform].
- The recordings of you and your child will be used to help you and the VIG Trainee to explore what's working well in your interactions. VIG is a strengths-based intervention which aims to build your relationship with your child.
- The VIG Trainee will look at the films with you in detail, so we can understand what you can do to make things even better. This feedback session ('Shared Review') will also be filmed for the purposes of the VIG Trainee's training.

Your Rights

- If you wish to stop taking part in the filming session at any time, you are free to say, and the filming will stop.

Storage of Films

- The recordings will be transferred, immediately after the therapeutic session, to safe storage.
- In the interests of confidentiality, the recordings will be given anonymous titles.
- Following the completion of the therapeutic work, the recordings will be deleted, <u>or</u> kept for the purposes of the VIG Trainee's accreditation. All recordings will be deleted following accreditation.
- You can request a copy of the 'best moment' clips if you wish.

Sharing of Films

- The recordings will be shared with the VIG Trainee's accredited VIG Supervisor. This may be online (eg using Zoom).
- The recordings will be shared with colleagues as needed.

I understand the information on this form. I give my consent for audio visual recordings of myself and my child* to be used in the VIG therapeutic work and for the purposes of the VIG Trainee's training. I understand that I can withdraw this consent at any time.

YES/NO (please circle)

*If your child is over 13 years of age, their signature below will confirm that the VIG Practitioner has explained what the child is consenting to, including the right to withdraw consent

Client Name(s) and Signature(s):

Print name: ……. Signature : ……Date:……

Print name: ……. Signature : ……Date:……

Age of child (if a child's signature): …….

VIG Trainee Name and Signature:

Print name: ……. Signature : ……Date:……

VIG Trainee email address & contact telephone number: …….....

…….....

Note: if you are seeking a client 'signature' via email, you can accept a typed signature. Store the client's email reply along with this form.

Complaints

- If you have any complaints about **[VIG Trainee/Service name]'s** practice regarding your personal information, you can contact the Information Commissioner's Office (ICO) helpline: 0303 123 1113.

VIG Practitioner, Data Controller and Data Processor: [CHECK? VIG Trainee if independent

ICO Number:
Email: address
Mobile: