**Consent for Participation in Clinical Teaching**

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| --- | --- |
|  | please indicate with a cross |
| I have read the background information provided by the Programme which:  a) acknowledges the potential stresses inherent in clinical teaching  b) sets out the Programme’s expectations of trainees in relation to their participation in clinical teaching |  |

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| --- | --- |
|  | please indicate with a cross |
| I am aware that I am not obliged to sign this form. |  |

|  |  |
| --- | --- |
|  | please indicate with a cross |
| I am aware of the relevant sections of the Programme Handbook which  describe the sources of support offered by the Programme, the employing trust and by external agencies. |  |

I consent to participate in the clinical teaching provided by the Lancaster University Doctoral Programme in Clinical Psychology

Name of trainee:

Signature (if returning form via email, the email will be taken as the electronic signature):

Date:

*Please return your completed consent form to the Programme Office/ Christina Pedder – teaching administrator* [*c.pedder@lancaster.ac.uk*](mailto:c.pedder@lancaster.ac.uk)