



*formation dancing gecko training*

**Consent to Be Recorded Form**

(Keep for client's file. Do not return to *formation dancing gecko training* trainers)

I understand that my counselor is participating in ongoing training/supervision of his/her counseling skills. I give my permission to record this session. I understand that my counselor will use this recording one time for that supervision/training purpose only and that it will be presented only to the facilitator and the learning group. Neither my name, nor any other identifying information about me will be given in this training. The recording will be destroyed or erased after use.

My counselor will retain this statement of permission in my client treatment file.

Name (printed) \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor's signature: \_\_\_\_\_

Date: \_\_\_\_\_