**Parent Consent for One-to-One Counselling (U18s)**

Young Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian(s) Contact Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian(s) Contact Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please ensure the number you provide is one where you can be contacted)*

Points of information for parent(s)/guardian(s) in relation to counselling agreement

* Roscrea Youth Counselling Service will provide **eight** one-one counselling sessions for your son/daughter.
* The sessions last 45 minutes.
* Confidentiality exists between counsellor and young person.
* Confidentiality will be broken when the young person is feared to be a risk from themselves or others or when first time information of child abuse experience/concerns are shared and when there is a clear and present danger to other children and disclosure of criminal activity.
* Permission will be sought from the young person to discuss any other issues with their parent(s)/guardian(s)

I, the Parent/Guardian give my consent for the information that I have given to be shared between Roscrea Youth Service and relevant agencies in order to access services in relation to my child’s identified needs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent participation is an important component of our work. You will be invited to meet with the counsellor. This is a space where parental concerns can be voiced.

I consent for my son/daughter to attend counselling.

I consent to the counsellor contacting me via phone before counselling commences.

Mother/Guardian(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Father/ Guardian (s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_