Trainee Video Interaction Guidance (VIG) Practitioner

Client Consent Form

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| **Child’s Name:** |  |
| **Parent/Carer’s Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |

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| --- | --- |
| **VIG Trainee Practitioner’s name:** |  |
| **Contact details:** |  |

**Use of film in Video Interaction Guidance VIG.**

* VIG is a strengths-based intervention which aims to enhance your relationship with your child.The VIG trainee practitioner will film you and your child together in order to explore with you what is working well.
* During the feedback session (*Shared Review*) the VIG Trainee Practitioner will look at the ‘best moments’ clips with you in detail, to help you gain understanding on how to make things even better.
* The Shared Review will also be filmed for the purposes of the VIG practitioners training.
* The Shared Review may be done face-to-face or online using [online platform].

**Storage of films.**

* The recordings will be transferred, immediately after the VIG session to safe storage.
* In the interests of confidentiality, the recordings will be given anonymous titles.
* Following the completion of the VIG intervention, the recordings will be deleted, or with your permission will be kept for the purposes of the VIG Trainee Practitioner’s accreditation. All recordings will be deleted following accreditation.
* You can request a copy of the ‘best moments’ clips if you wish.

**Sharing of films**

* The recordings will be shared with the VIG Trainee Practitioner’s accredited VIG Supervisor. This may be online (eg using Zoom), but clips will never be transferred to the VIG supervisors laptop.
* As part of the VIG training process you may be asked for your permission for clips to be shared with VIG colleagues.

**Data Collection**

* To record outcomes of VIG the Trainee Practitioner will use the AVIGuk Date Collection System. This is an anonymised system that records client answers to questionnaires undertaken with the VIG Practitioner to evaluate the practice. No identifying information is stored.

**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. Your clips can also be deleted at any time if you request this.
* You can remove consent for evaluation data to be used by AVIGuk and this will not affect the VIG process.

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| My VIG Trainee Practitioner has explained the use of film. | yes/no |
| My VIG Trainee Practitioner has explained that the films will be stored safely and will not leave their laptop. | yes/no |
| I give my consent for recordings of myself and my child to be used for VIG intervention and for the purpose of VIG Practitioner’s training. | yes/no |
| I give my consent for recordings to be shared with VIG Trainee Practitioner’s VIG colleagues. | yes/no |
| I consent to taking part in the Data Collection System evaluation | yes/no |
| I understand that I can withdraw consent at any time for any of the above statements | yes/no |

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| --- | --- |
| Parent/Carer’s Name: |  |
| Signature: |  |
| Date: |  |

**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.**