

Practicum Consent Form

Student Information:

- Name: _____
- Student ID: _____
- Contact Number: _____
- Email: _____

Practicum Information:

- Practicum Site: _____
- Practicum Supervisor: _____
- Practicum Duration: _____

Consent Form:

This consent form is intended to inform you about the nature of the Practicum, the potential risks involved, and the measures in place to safeguard all parties. Please read this document carefully before signing.

1. Purpose of the Practicum:

The Practicum is designed to provide students with practical experience in a professional setting, allowing them to apply theoretical knowledge and develop essential skills under supervision.

2. Nature of the Practicum:

- The Practicum may involve working with potentially vulnerable clients, including individuals with psychological, emotional, or social difficulties.
- Students may engage in activities such as client interviews, assessments, therapeutic interventions, and administrative tasks.

3. Potential Risks:

- Students may encounter situations that are emotionally challenging or distressing.
- There is a possibility of exposure to clients exhibiting unpredictable behavior.
- Students may experience stress or discomfort during their interactions with clients.

4. Safeguarding Measures:

- Students will receive training on ethical guidelines, professional conduct, and crisis intervention.
- Practicum supervisors will provide regular supervision and support to ensure student safety and well-being.
- Students are encouraged to communicate any concerns or issues to their supervisor immediately.

5. Acknowledgment of Risks:

By signing this consent form, you acknowledge that you understand the potential risks involved in the Practicum and agree to participate voluntarily. You also understand that while the university will take all reasonable measures to ensure your safety, it cannot guarantee that all risks will be eliminated.

6. Limitation of Liability:

You agree that the university, its staff, and Practicum supervisors are not liable for any injuries, losses, or damages that may occur during your participation in the Practicum, except in cases of gross negligence or willful misconduct.

7. Confidentiality and Professional Conduct:

- You agree to maintain the confidentiality of all client information encountered during the Practicum.
- You will adhere to the ethical guidelines and professional standards provided during your training.

8. Seeking Support:

- You are encouraged to seek support from your Practicum supervisor or university counseling services if you experience any difficulties during the Practicum.

9. Emergency Contact Information:

- In case of emergency, please provide contact information for a trusted individual:
 - Name: _____
 - Relationship: _____
 - Contact Number: _____

Student Agreement:

I have read and understood the information provided in this consent form. I acknowledge the potential risks involved and agree to participate in the Practicum voluntarily. I understand that the university is not liable for any injuries, losses, or damages that may occur, except in cases of gross negligence or willful misconduct. I agree to adhere to the ethical guidelines and professional standards provided.

Signature: _____

Date: _____

University Representative:

Name: _____

Title: _____

Signature: _____

Date: _____