



Callander Child & Youth Counselling

Parental Consent & Confidentiality Agreement for Counselling

1. Young Person Details

Full Name: _____

Date of Birth: _____

Address:

2. Parent / Carer Details

Name of Parent / Legal Guardian: _____

Relationship to Young Person: _____

Address (if different from above):

Telephone: _____

Email: _____

3. Counselling Service Information

Counselling provides a confidential and supportive space where young people can explore thoughts, feelings, and experiences with a trained counsellor.

Sessions are designed to help the young person:

- Talk openly about their concerns
- Develop coping strategies
- Improve emotional wellbeing
- Build confidence and resilience

The counsellor will work in accordance with BACP professional standards and ethical practice.

4. Consent for Counselling

By signing this agreement, I confirm that:

- I am the parent or legal guardian of the above young person.
 - I give permission for them to receive counselling services from Callander Child & Youth Counselling.
 - I understand the nature and purpose of counselling.
 - I understand that the young person may discuss personal issues during counselling sessions.
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5. Confidentiality

Counselling sessions are confidential in order to create a safe and trusting space for the young person.

This means that the counsellor will not normally share the content of sessions with parents, carers, or others without the young person's agreement.

However, confidentiality cannot be guaranteed in the following circumstances:

- If the young person is believed to be at risk of harm
- If another person may be at risk of harm
- If there is disclosure of abuse or neglect
- If required by law or court order

In such circumstances the counsellor may share information with appropriate safeguarding agencies, including:

- **Local Authority Social Work Services**
- **Police Scotland**
- **Relevant health or education professionals**

Where appropriate and safe to do so, the young person will be informed before information is shared.

6. Safeguarding

The counselling practice operates in accordance with:

- **Children (Scotland) Act 1995**
- **Children and Young People (Scotland) Act 2014**
- **National Guidance for Child Protection in Scotland (2021)**
- **GIRFEC (Getting It Right For Every Child)**

The welfare and safety of the young person is the primary consideration in all decisions.

7. Record Keeping and Data Protection

Counselling records will be maintained securely in accordance with:

- **UK General Data Protection Regulation (UK GDPR)**
- **Data Protection Act 2018**

Records will be:

- Stored securely
- Accessed only by the counsellor
- Retained only for as long as necessary for professional and legal purposes

Personal information will not be shared without consent unless safeguarding concerns arise.

8. Emergency Contact

Please provide contact details for a responsible adult who can be contacted in the event of an emergency.

Emergency Contact Name: _____

Relationship to Young Person: _____

Telephone Number: _____

9. Agreement

I confirm that:

- I have read and understood the information provided in this document.
 - I understand the limits of confidentiality.
 - I give permission for the young person named above to participate in counselling.
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Parent / Legal Guardian Name: _____

Signature: _____

Date: _____

Young Person Name: _____

(Young people may sign if they wish and where appropriate)

Signature: _____

Date: _____