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Recording Consent Form
Consent to Record EFT (Emotional Freedom Techniques) Sessions for Evidence Based EFT Accreditation purposes.

This document may be used only when the client has capacity to give informed consent.

I, (Name of Client)…………………………………………………………………………….. hereby give consent to (Name of Student, Mentee or Practitioner)……………………… at (Venue/online)…………………………………………………to

Video record\_\_\_\_\_\_\_\_\_\_ (initial if Yes) our EFT session(s). These recordings will be used only to help in the evaluation of the student’s practice. This consent is given on the understanding that the recording(s) will only be heard and/or seen by the student practitioner and her/his/their Trainer, and will not be disseminated further without my express permission, which may be sought e.g., in the case of some exceptional learning to be gained.

I further understand, and give consent on this basis, that the recording copies (or access) will be destroyed (by Trainer or Practitioner) after the evaluation, or other specific (agreed-upon) purpose, has been completed.

I understand that refusal to sign this form will not affect my eligibility for receiving services.

Signed (client) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

EFT Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_