Appendix 1

UK Mindfulness Centres Collaboration



**Consent to Recording Form**

This consent form is for use with the Mindfulness-Based Cognitive Therapy (MBCT) Teacher Training for NHS Talking Therapies Services 2026-2027.

**Why am I being asked for permission to record?**

It is essential that staff providing Mindfulness-Based Cognitive Therapy (MBCT) are well trained, that they receive supervision and that their skills are assessed and monitored to ensure the quality of service to clients.

**How will my data be protected?**

All recordings will be stored securely. There will be no identifying written material, and where possible, therapists will ensure that the camera is focused solely upon themselves during the sessions. When the sessions happen online, members of the group may also be visible. Your consent will be sought explicitly for this. Anyone viewing a recording is required to maintain confidentiality concerning its content.

**What am I consenting to?**

You can consent to recordings of your MBCT sessions being used for a) clinical supervision, b) assessment and c) the training of other professionals. Consent can be withdrawn at any point without a reason being given. If you agree to participate, please tick the box next to the purpose(s) for which you consent to the recording being used, and sign and date the consent form.

Feel free to ask your therapist to explain anything above or below that you have difficulty understanding.

I (insert client name)

understand that (insert therapist name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is currently undertaking specialist training in MBCT. As part of this training, his/her/their supervisor and assessor will observe recordings of the sessions.

*I consent to sessions being video recorded for the purpose(s) indicated below.* *I consent to my chosen on-screen name and image being visible in online recordings where this is unavoidable.*

*All recordings will be stored following the Data Protection Act (DPA), 2018. I give my consent and understand that the recording will be kept confidential and stored securely.*

*I understand that the recording will be erased once the specified purpose(s) have been fulfilled. Most recordings will only be used for supervision and assessment and these will be kept for 6 months. If I also consent to the use of recordings for training, these recordings may be kept for up to 5 years. I may withdraw my consent at any time and have any of my contributions edited out. I understand that the recordings will not form part of my health record or be subject to any requests I may make to access my health record.*

***Purpose: Supervision***

❑ I consent to the use of recordings for my therapist’s supervision.

***Purpose: Assessment***

❑ I consent to the use of recordings for assessment of my therapist.

***Purpose: Training***

❑ I consent to use selected sections of recordings being used for training other professionals .

Signed Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*Copy to client Date:**/ / Copy for client file Date****:*** */ /*

*(Adapted from University of Reading Consent Form, 2012)*

Appendix 2

UK Mindfulness Centres Collaboration



**Confirmation of consent to recording form**

Mindfulness-Based Cognitive Therapy (MBCT) Teacher Training for NHS Talking Therapies Services

2026-2027

*Therapist Statement*

I certify that I have conducted this clinical work in line with the appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics] and workplace policies, which have been strictly adhered to in making the recording and seeking permission for use.

I confirm that I have gained the consent of all participants in the MBCT group that I have recorded for use in:

❑ Supervision

❑ Assessment of my competency

❑ Training Purposes (as specified in Appendix 1)

❑ I further give my consent for the recordings to be retained for up to 5 years and

used for training purposes.

Signed:………………………………………………………………(Trainee/Therapist)

Name:…………………………................................................................................

Date:……………………………………………………………………………………