**Informed Consent**

This section should be completed in full to proceed with Life Story work. Any questions to be addressed to *rachelcason@explorelifestory.com*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print or type full name) have familiarised myself with the content at [www.explorelifestory.com](http://www.explorelifestory.com) 🞏

OR

I have read the following documents regarding Life Story Work, as made available to me by Rachel Cason via email:

‘Life Story Work – the process and benefits’ 🞏

‘Life Story Work – the service offered’ 🞏

‘Code of Professional Conduct’ 🞏

‘Data Protection and Confidentiality’ 🞏

I consent to all recordings of my life story and resultant files and documents

being stored securely – either through encryption or a secure box. 🞏

I understand that any conclusions I reach or decisions I made as a result of life

story work must be accepted as my own responsibility. 🞏

I understand that I may cease sessions at any time and I will receive a full refund

for any unused session already paid for. 🞏

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

**Additional Consent**

This section is additional consent that you may give if you wish your story to contribute to further research, writing or workshops I may develop.

I consent to Rachel Cason retaining a recording of my life story for the benefit

of further research, writing and workshop development. 🞏

In the instance of my story being used, in whole or in part *[Delete as appropriate]*

I wish to remain anonymous /I wish for my real first name to be used.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_