Consent Form for Direct Observations (16+)

*Please complete this form if you **agree** to take part in a direct observation.*

✅ **Please tick each statement to confirm your understanding:**	
I have had the opportunity to ask questions, and all my questions have been answered.	☐
I understand I do not have to agree to the observation.	☐
I know I can stop the observation at any time before or while it is happening, without giving a reason.	☐
I understand that this consent is for this one observation only.	☐
I understand I may be asked to provide feedback about the student's practice after the session, but I do not have to give feedback.	☐
I understand that no personal or identifying information about me will appear in the student's portfolio or be shared with the university.	☐
✅ **Please tick each statement to confirm your agreement:**	
I agree to the student being observed during their work with me.	☐
I agree that the student may include an anonymous write-up of the observation in their portfolio.	☐

Your Name (please print): _____

Signature: _____

Date: _____

Student's Name: _____

Practice Educator's Name: _____

Note for PE: Once signed, you need to store this form securely until the outcome of the placement is confirmed by the relevant Practice Assessment Panel. After which, this form should be destroyed.