Consent Form for Direct Observations (for use with children under the age of 16)

For children aged under 16 who can give informed consent.

✅ **Please tick each box to show you agree:**	
I know that the student social worker is going to be watched while they spend some time with me.	☐
I know I do not have to say "yes" to this.	☐
I know I can say "stop" at any point.	☐
I know that I can ask any questions about this, and that the student social worker has to answer my questions.	☐
I know that afterwards, I might be asked how it went.	☐
I know that I do not have to tell anyone what I thought about it.	☐
I know that the student will have to write something about what happened but that no-one will know it was me that took part.	☐
✅ **Please tick the box if you agree:**	
I agree that the student can be watched while they spend time with me.	☐

Child's Name (please print): _____

Student's Name: _____

Practice Educator's Name: _____

Date: _____

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.

A parent or carer with parental responsibility must also be asked to give their consent before the observation goes ahead.