Date: 9 March 2021 

**Therapeutic Art Workshop Confidentiality Form**

Dear Member,

As part of this Therapeutic Art Workshop, we need to ensure that no participant shares any sensitive information discussed during this 90-minute session with anyone outside of the room whether this is a face-to-face or a virtual session without written consent.

This is to ensure the safeguarding and privacy of all participants including the lead practitioner.

I (*please print your name and surname in capitals*) ............................................................

…………………………………… understand the above and will ensure that I do not share any sensitive information discussed with anyone outside of today’s session.

Please note that I will be taking photographs throughout the session to use for future therapeutic art workshop promotion, unless I am requested otherwise.

Any additional Information:

 …………………….…………………………………………………………………………….

……….……………………………………………………………………………………………..……

Signed: …......................................................................................................................

Dated: ...........................................................................................................................

*Many thanks for valuing the importance of individual privacy and confidentiality.*