

Assessment of Competency to teach MBCT – Sample Participant Consent Form

- I understand that my MBCT teacher is applying to the Oxford Mindfulness Centre for an Assessment of Competency to teach MBCT.
- I understand that sessions will be recorded and viewed by an assessor, and that the purpose of this is not to record the group, but to record the work of the teacher.
- The camera will as far as possible be trained on the teacher, and I understand that although my voice may be recorded, I will not be visually recorded unless I move in front of the camera.
- I understand that the recordings made of this course will remain confidential, and will only be seen by the teacher and her/his assessors. The recordings will be destroyed after it has served its educational purpose.
- I have been given a copy of this information and consent form to keep.

I give my consent for the sessions to be recorded.

YES

NO

Additional consent

I understand that these recordings of my MBCT teacher may be held by the Oxford Mindfulness Centre and used for training new assessors. In this case the recordings will be viewed only by Oxford Mindfulness Centre assessors and those on a recognised training in competency assessment. The recordings will be stored securely and used with sensitivity and confidentiality.

I give my consent for the recordings to be used for training purposes

YES

NO

PRINTED NAME _____

SIGNATURE: _____ DATE: _____

NAME OF MBCT TEACHER: _____

SIGNATURE: _____ DATE: _____