

Appendix 25: Consent Form for Retention of Copy of Student Practice Education Assessment Form



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Consent Form for Retention of Copy of Student Practice Education Assessment Form

I..... (Print name)
Occupational Therapy Student at Trinity College Dublin hereby fully and freely consent to my assessment form for my placement being held by the Occupational Therapy Manager / Educator/ Tutor.

Name of Manager / Educator/ Tutor.

.....

I understand and acknowledge that the form will be accessed by (Name of Manager / Educator/ Tutor)
..... only and will not be accessed by anyone else without my written consent. I understand that the form will be accessed for the sole purpose of providing a reference for me should this be requested on my behalf. I understand that this form will be held for a period of five years, will be stored in a secure locked cabinet at all times and that access to it will be restricted to those named above.

I note that I may withdraw my consent at any stage and that the purposes of holding my assessment and the reasons for accessing it in the future have been explained to me by

..... and that I have been given an opportunity to discuss this with him/her.

I do not wish my assessment form to be kept on file. I understand that if I do not agree that a copy of my assessment form is retained the Occupational Therapy Manager / Educator/ Tutor of this service they will be unable to provide a reference if requested on my behalf due to lack of information.

Signed: _____ Date: _____

WITNESS to signature of student and to fact that he/she has read the document and freely given his/her consent:

Signed: _____ Date: _____

(Witness **must not** be the person who will have access to the file).
Please return the original copy of this form to the University.