Name of School:	
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Consent Form

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.				
	F	Please Pla	ice a 'X'	
1. Who Is Completing This Form?		m?	I am a parent/guardian consenting for my child	
			I am a teacher/school contact consenting for a pupil	
		Yes No	If a teacher/school contact, have you gained consent from parent/guardian? This is a requirement for counselling/therapy.	
2. Name and Su	rname:			
3. Relationship	to Pupil:			
4. Pupil Name a	nd Surname:			
5. Pupil Date of	Birth:			
6. Pupil School:				
What is Counse	lling?			
Counselling provides pupils with a safe and confidential space to talk about their feelings, challenges, and mental health concerns with a trained professional. It aims to support their emotional well-being, helping them manage issues that may affect their academic performance and personal development.				
What are the Arts Therapies?				
The Arts Therapies consist of Music, Art, and Drama Therapy, each offering a safe, creative and confidential space for self-exploration, emotional expression and support. Often people find that the arts can bypass the use of words alone, and sessions are adapted to meet each person's interests and needs and may include music-making, art-work, dance and movement, singing, verbal conversation, music listening, & song writing.				
By signing , you are consenting to the pupil receiving counselling/therapy with a Make A Melody counsellor/therapist. You are also agreeing to the terms and conditions found at: www.makeamelody.co.uk/terms-and-conditions www.makeamelody.co.uk/privacy-notice				
<u>vv vv vv .111C</u>	anour rollody .00.u	in coming al	The Constitution www.manoamoloay.co.divprivacy notice	
Signed:			Date:	
(Typed is okay)				
RETURNING THIS FORM				



By Hand or Post: Make A Melody Ltd. 12 Gibsons Park Lurgan BT66 7XE By E-Mail:

referrals@makeamelody.co.uk

Enquiries:

Telephone: 028 3881 0141