MARIA VALASKATZIS CONSULTING

MV Consulting
Psychosocial Support
Informed Consent Form

Client information

Full Name: _____

Date of Birth: _____

ID Number: _____

School/Organisation: _____

Contact Number: _____

Parent/Guardian Name (For Minors): _____

Parent/Guardian Contact Number: _____

Date: _____

INFORMED CONSENT FOR PSYCHOSOCIAL SERVICES

Purpose of the Service

Psychosocial support services are designed to provide emotional, social, and practical support to individuals experiencing personal, family, educational, social, or life challenges. The aim is to promote well-being, resilience, coping skills, and access to appropriate support services where necessary.

The Psychosocial support worker does not provide diagnosis, psychotherapy, or medical treatment.

Nature of the Service

The Psychosocial Support Worker may provide:

- Emotional support and active listening
- Guidance and problem-solving support

- Psychoeducation and life-skills support
- Referrals to appropriate professionals or services
- Crisis intervention and safety planning were necessary
- Support with educational, family, social, and community-related challenges.

Confidentiality

Information shared during psychosocial support sessions will be treated confidentially and will not be disclosed to any third party without consent, except in circumstances where:

- There is a risk of harm to yourself or others
- Child abuse, neglect, or exploitation is suspected or disclosed
- Disclosure is required by law
- A court order requires disclosure
- Emergency intervention is necessary to protect life or safety

Where possible, the client will be informed before any information is shared.

Record Keeping

The Psychosocial Support Worker may keep brief notes regarding sessions for monitoring, reporting, referral, and continuity.

All records will be stored securely and accessed only by authorised personnel.

Voluntary Participation

Participation in psychosocial support services is entirely voluntary.

You have the right to:

- Ask questions at any time
- Decline to answer any question
- Withdraw from services at any stage
- Request a referral to another service provider where appropriate.

Referrals

Where concerns fall outside the scope of psychosocial support services, you may be referred to:

- Psychologists
- Social Workers
- Medical Practitioners
- Psychiatrists

- Child Protection Services
- Community Support Services

Whenever possible, your consent will be obtained before referrals are made.

Consent Statement

I confirm that:

- The nature and purpose of psychosocial support have been explained to me.
- I understand the limits of confidentiality.
- I understand that participation is voluntary.
- I have had the opportunity to ask questions.
- I consent to receive psychosocial support services.

CLIENT CONSENT

Client Name: _____

Signature: _____

Date: _____

PARENT/GUARDIAN CONSENT (For minors)

I, _____, as the legal parent/guardian of the above-mentioned minor, hereby consent for the minor to participate in psychosocial support services.

Parent/Guardian Signature: _____

Date: _____

Contact Number: _____

PSYCHOSOCIAL SUPPORT WORKER

I, Maria Isabella Valaskatzis, confirm that the nature and purpose of psychosocial support services have been explained to the client and/or parent/guardian.

Signature: _____

Date: _____