

Third Party Consent

I give my permission for PsychLab to obtain and provide information to the following sources for the purpose of providing psychological services to me. Where I cannot provide informed consent, my parent or adult who is able to provide consent on my behalf will do so:

Name	Position/ Organisation/ Relationship	Contact Details	Additional Information specific to consent

I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.

NAME _____ SIGNATURE _____
 PARENT _____ SIGNATURE _____
 DATE _____