**DDP Level One and Level Two Training**

**Confidentiality Agreement**

**Trainer to complete:**

*N.B. The trainer completes this section before the training. It can then be sent to the agency, along with the other materials for printing.*

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| **DDP Level One or Level Two:** |  | **Name of Trainer:** |  |
| **Dates of training:** |  | | |
| **Training venue and location:** |  | | |

During our training the trainer and delegates will discuss examples of our practice. Where possible this will be anonymised. This is not always possible, and information may be included that could identify individuals. We ask that any discussion of clinical material outside of training adheres to our ethical responsibility to ensure confidentiality. This means that participants may not refer to any identifying information from examples of practice outside of training.

In addition, the trainer will be showing clinical videos for Level One and Two in person training as well as online Level Two training. The families in these videos have graciously given us consent to show our work for the purpose of training. Any recording of clinical video or audio used in DDP training is strictly prohibited. We also ask that any discussion of video/audio clinical material outside of training adhere to our ethical responsibility to ensure confidentiality.  This means that participants may not refer to any identifying information from video/audio outside of training.

To ensure the protection of clinical material we ask that participants ensure both confidentiality and the expectation of the client’s right to privacy under common law. Your signature below represents this agreement.

* I will ensure that any discussion of clinical material outside of training will preserve confidentiality and the client’s legislated right to privacy.
* I will not record clinical material presented in DDP training for any purpose.
* I understand that if it is found, at the time of the training or at any time in the future, that I have recorded any audio or video material that my training certificate will be revoked.
* I understand that the failure to ensure confidentiality will be reported to my professional college, regulatory body or licensing body, as applicable, and may be subject to civil legal action.

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| **Name** *(please write clearly)****:*** | |  | | | |
| **Signed:** |  | | **Date:** | |  |
|  | **Profession:** |  | |