

RENEWAL LISTENING SERVICE

Permission Form

I, _____ give permission for

Listener _____ to contact:-

- My GP. (details are) _____
- My Minister _____
- A Minister _____
- Other (specify) _____
- *Recording a session _____

* This would be recording a session for training purposes. Your listener will explain this safe process. The decision to record will be entirely your decision. Once the recording has been used for this specific purpose the recording will be permanently erased.

All information given will be solely used in connection with your health and or state of mind to benefit your wellbeing and safety. No contact will be made with any of the above unless you have given your permission to with your signature.

Signed _____

Date _____