

Information for Counselling Skills Courses

Important details

Counselling Skills courses can be challenging for those who are currently undergoing psychological treatment, or who themselves have attended counselling, or faced a serious emotional issue in the last 6 months. Students who wish to discuss any concerns should e-mail counsellingskills@abdn.ac.uk to make an appointment before applying.

Counselling Skills courses are accredited by the University of Aberdeen and have been mapped to the BACP Framework for Counselling Skills courses.

Class sizes are capped at 15 in order to allow for experiential learning. Students will be provided with an alternative time if their preferred option is full or not available. No class changes will be made after week 2 of teaching.

Recording of Skills Practice

The Counselling Skills Certificate Course run by the University of Aberdeen requires you, as part of the course to participate in skills practice. You will take part in these sessions in the role of speaker listener and observer. You will need to make a video recording of these sessions. However, before you may take part in these sessions, the University requires that you agree to the following conditions of participation:

- 1.** You acknowledge that your participation in the skills practice sessions as a speaker may require or result in the disclosure of private or personal details.
- 2.** You agree not to copy the video recording either in whole or in part. You agree not to distribute the video recording (or any part of it) in any form, including in the form of transcriptions, quotations, or digital downloads except for the purposes of the course assessment.
- 3.** You agree that all information disclosed during skills practice sessions, including all inferences or deductions made by subsequent review or analysis, are strictly confidential. You agree that, unless you have first obtained the express, written permission of both the speaker and the University, you will not:
 - disclose such information to any third party; or
 - view the video recording in the presence of any person not present at that session.
- 4.** You acknowledge that you owe the University and the other participants of skills practice sessions a duty to maintain the confidentiality of information disclosed at such sessions. You agree that this duty may be enforced by the University or by any person who suffers loss or harm (whether economic or otherwise) as a consequence of your breach of that duty, irrespective of whether the breach is deliberate or negligent.
- 5.** You acknowledge that, if you breach any of these conditions of participation, the University has the right to take disciplinary proceedings against you. In particular, you acknowledge that the University may refuse to award you a Counselling Skills Certificate (or any other academic qualification for which you are reading). You further acknowledge that the University may take legal action against you to recover any losses, damages, awards, costs (including legal costs) or expenses incurred by the University that arise from or are connected with your breach of these conditions.

6. You agree that, except in the case of death or personal injury, the University will have no liability to you for losses, damages or harm of any form (whether economic or otherwise) arising from or in connection with your participation in skills practice sessions and the use of video recording equipment.

These conditions of participation form a legally binding agreement between you, and the University and your fellow participants in the skills practice sessions. If you are uncertain of the implications you should e-mail counsellingskills@abdn.ac.uk to arrangement an appointment to speak with someone from the team.

An additional point in regard to course participation:

There are no exceptions from engaging with the course materials and activities. Students are actively encouraged to discuss any concerns with their tutors or the Course Co-Ordinator.

Please contact the team at counsellingskills@abdn.ac.uk with any questions.

Please sign to confirm you have read and understood the above information:

Signature: **Date**.....

Print Name