



# SEPI Training 2015 Consent Form

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ (month/day/year)

**HOME ADDRESS:** \_\_\_\_\_

**PHONE NUMBERS:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Work/Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I am participating in the SEPI Training Program voluntarily.**

**I agree to hold all personal information shared by each participant of the SEPI Training as strictly confidential.**

**If I volunteer to participate in a demonstration, I agree that this is voluntary and is at my own risk. I understand that the demonstration session may include questions about my personal trauma history and emotional, psychological, and physical symptoms that I may be experiencing. I understand that I am under no obligation to participate in the demonstration, that I may refuse to answer any question, and that I may pause or discontinue my participation in the demonstration at any time at my discretion.**

**I agree to notify the SEPI Training Program Coordinator if I need to cancel due to illness or other unforeseen circumstances. I have read and agree to the SEPI Training Program's cancellation policy.**

**I understand that the SEPI Training Program is a psychoeducational/skills based training and it is not group therapy, nor a substitute for individual therapy.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

