Withdrawal of consent

I understand that I may withdraw my consent to receive the psychosocial intervention services mentioned above at any time by informing a CEMV worker facilitator verbally or in writing:

I confirm that I have had the opportunity to ask any questions I had about the psychosocial

YES D NO D

Date: ____ / Signature: yyyy mm dd First and last name in block letters: _____ Signature of witness: _____ Date: ____/___/___ yyyy mm dd

intervention services and that I have received answers to all my questions:

First and last name in block letters:

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As a teenager 14 years of age or over, I consent to receive psychosocial intervention services as they were explained to me:

I understand that the meetings and interventions that take place in connection with the psychosocial intervention services mentioned above may be recorded (video and/or audio) for the purpose of clinical support, assessing the quality of the services, security and/or research and I consent to such

YES D NO D

receive psychosocial, police, medical and sociolegal services relating to problems of sexual violence, all at the same location. Some of these services are provided through the CEMV's partners.

CONSENT TO PSYCHOSOCIAL INTERVENTION SERVICES FOR TEENAGERS

The Centre d'expertise Marie-Vincent (the "CEMV") is a place where children and teenagers can

In connection with the services it provides, the CEMV offers teenagers who are victims of sexual violence psychosocial intervention services aimed at supporting them after sexual violence is reported. The purpose of the interventions is to help teenagers deal with this difficult situation and obtain the assistance they need.

Identification of teenager:

Teenager's date of birth: ____/___/

Consent to psychosocial intervention services

Consent to recording of meetings and interventions

recordings being made and used for such purpose:

yyyy mm dd

First and last name in block letters



YES D NO D

YES D NO D