

Contract for Counselling

This contract is an agreement for a professional counselling relationship between the client and counsellor identified in this document.

Counsellor Contact Details

Clive Huntbach

Tel.: +44(0) 7967 5814 53

Email: clive@whatsunderthebonnet.com

Aim(s) of Counselling

Clive Huntbach offers safe and contracted counselling, where you can explore concerns, difficulties, and anxieties in a caring, understanding, and professional relationship. You can explore issues as deeply as you wish, in an atmosphere of respect, safety, and acceptance. Counselling can help you to develop your own inner resources to live your life in a more satisfying and meaningful way. An integrative approach to counselling is used, primarily based on a person centred perspective. Clive is a member of the British Association for Counselling and Psychotherapy (BACP) and follows their ethical framework for good practice.

Confidentiality

1. The counsellor may keep notes of sessions and these are kept in a confidential and secure manner.
2. The counsellor has the right and duty to breach confidentiality if the client is likely to cause serious harm to self or others.
3. Issues raised in the counselling session may be presented in supervision by the counsellor or used in development training within the constraints of confidentiality.
4. In the event of an emergency the client agrees that their General Practitioner (GP) or another doctor may be consulted.

Length of Counselling Sessions

The length of a counselling session is usually one hour.

Fee of Counselling Session

A one hour counselling session is provided at the fee of £......

Cancellation

To cancel a counselling session a minimum of 24 hours notice prior to the session has to be given by the client; otherwise the full fee for the session has to be paid.

Termination

Counselling may be terminated by either party at any time.

Client Information

Client's Contact Details

Name: Date of Birth:

Address: Contact Telephone Number:

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..... E-Mail:

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Client's General Practitioner (GP) Details

Name: Contact Telephone Number:

Address:

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Do you have any medical issues that could affect the counselling sessions?

Are you on medication, or drugs, or both that could affect the counselling sessions?

Have you received any form of counselling previously?

Client Consent

I,(Client), consent to counselling and have read, understand, and agree to the terms in this contract.

Client's Signature: Date: