**Tree of Life**

**Counselling, Coaching and Spiritual Exploration**

**Tel:** 07411348327

**Email:** treeoflifecounselling2016@gmail.com

**Client Contract**

Tree of Life counselling provides a space for you to explore your thoughts, feelings, and circumstances with a view to enhancing your wellbeing and direction in life. My role is to be a safe and confidential presence of another person to talk to as you do this.

Anything you say is kept in complete confidence. You the young person are my priority, what you share in sessions will not be discussed with other people without first discussing it with you. There may be occasions when I encourage you to share with your parent’s things that come up in the session, what we are working towards, or I may suggest we meet with your parents, if it is in your interests to do so. I will discuss this with you first. Your autonomy is important. However, if you are in danger of being harmed, of harming yourself or of harming others it is a professional requirement that I speak to someone else. Your parents, GP or my supervisor will be the person I will talk to. I will discuss this with you as far as I am able. Your anonymity will be protected if I speak with my supervisor about your situation.

Sessions are 1 hour. I will be responsible for keeping the time. I may talk with you in session if I think the duration may differ. If you need a change of session length, appointment or you are going to be late, please talk to me or let me know as soon as possible. I will inform you if our appointment will still need to finish at the original time. If for any reason an appointment needs to be cancelled please give as much notice as possible. I will do the same.

Fees are £55 per session, 10% reduction when 6 sessions are paid for in advance.

I may keep very brief anonymised notes for consistency. These are kept in secure storage which only I have access to and are separate to your contact details. You may see these notes should you wish to. Client details and notes will be kept for 7 years, they will not be shared with third parties without your consent.

Please inform me if you want to discontinue your sessions for any reason.

Signed YP .............................................................. Date ................................

Signed Parent ........................................................ Date ................................

Signed LJ Bramble Date 30 – 5 - 23

COVID 19 - every effort has been made to ensure the safety of both client and counsellor by putting safe practices in place – online and telephone appointments, extra time between clients, cleansing of touch points, the use of PPE (please wear a face mask in communal areas and use hand sanitiser when you arrive, if you prefer to bring your own seat covering please do. Please do not come if you have any coronavirus symptoms). The counsellor acknowledges the mutual and individual responsibility of working face to face, as such the counsellor cannot be held accountable for the transmission of Covid-19.

BACP - Membership No. 801743, EMCC – EIA 20193449 and ACC F00030