

Calm Cabin Counselling

www.calmcabincounselling.co.uk

Therapeutic Contract – In Person Support

Helen Louise Luckins BA (hons), PG dip (level 7) counselling and psychotherapy practice, Level 7 Post qualifying Diploma in Counselling Children and Young People, Level 6 Certificate in Therapeutic Counselling Supervision, Accredited Member of British Association for Counselling and Psychotherapy (BACP)

After an initial assessment either on the telephone, by zoom or face to face, we will contract for around 6 counselling sessions and reviewing this with the intention of extending, if necessary, after 5 sessions. It can often be preferable to meet clients on a weekly basis as this helps to support a strong therapeutic relationship but if this is not convenient then a fortnightly session can be agreed. Holidays and breaks will be negotiated giving at least 2 weeks' notice. My fees are £50 per session (a therapeutic hour is normally 50 minutes) . For children and young people I also offer 40 minutes for £40 or 30 minutes for £30 . This can be paid by bank transfer or cash on the day to: **Mrs H L Luckins sort code 20-99-40 account number 20268488.**

If sessions need to be missed due to unforeseen circumstances then if possible I would appreciate 24 hours' notice. Less than this may result in a liability of half the fees for the missed session. If I am unavailable to make a session I will let you know at least one week in advance or in the event of illness I will contact you immediately and again within 24 hours to reschedule or postpone until the following week. If you wish to terminate the contract prior to the agreed time we will require two weeks' notice so that we can work towards a therapeutic ending. If you need to contact me between sessions please text **07929083485** or email calmcabincounselling@protonmail.com

I will need to keep some personal records. Your name forename and surname along with your mobile number, landline, address and email will be stored electronically on a mobile phone which is password protected. This applies to adults and parents/carers of children under the age of 16 and young people 16 to 18 years. I will keep either a paper copy or an electronic of these details which will not be shared with anyone and will stored securely online or kept in a locked filing cabinet. Clinical notes will be anonymised and when discussing with supervisors, clients will be identified only by their first name to maintain confidentiality. After counselling has ended the clinical notes will be archived for 5 years before being destroyed. This is in the event of a return to counselling within that period.

My safeguarding policy requires me, due nature of my work with children, young people and vulnerable adults, to disclose any concerns we may have about a client who is at risk of significant harm or whose behaviour may harm others. In the event of this I would first inform the client and then if appropriate contact the adult with parental responsibility. (For children and young people we will also require a Date of Birth for safeguarding purposes).

If you have any dissatisfaction with the work please speak to me initially so that I can resolve the issues as soon as possible. If you would like to find out more about the BACP ethical framework which guides our work please visit http://www.bacp.co.uk/ethical_framework/. If you are happy with this contract then please sign below.

My counselling/support session will be face to face on _____(insert day) at _____(insert time)

I agree to this contract.

I agree to Calm Cabin Counselling holding my name, contact details and GP details in a secure place to comply with General Data Protection Requirements.

Signed _____ (client or parent if under 16) date __/__/__

Print Name _____ Print name of client (if different) _____

Signed _____ (Helen Luckins) date __/__/__

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Client full name _____

Client's Address _____

Postcode _____

Date of birth ___/___/____ (if client under 18)

Email address (Parent if client under 16) _____

Telephone numbers _____

GP details _____

Surgery _____

GP address _____



Registered Member 41197
MBACP (Accred)