

## Counselling Contract

**Counsellor: Amy Day**

**Email: amyday1981@outlook.com**

**Mobile: 07830347085**

<u>Client's details</u>
Name:
Address:
Contact number:
Email:

My primary modality is Person-centred, which means I am led by you in the sessions, but I incorporate an integrative approach to include more creative ways of working. I will try to nurture a strong, trusting therapeutic relationship by being congruent and holding the space for you to use as you need to. My aim is to empower you to trust yourself and your feelings and support you to discover what it is you need.

### Code of ethics

As an accredited member of the British Association for Counselling and Psychotherapy (BACP), I will work according to their current Ethical Framework.

I am committed to providing an anti-discriminatory service. I strive to ensure that this practice is present in all our work together.

### Supervision

All members of the BACP are required to have regular supervision. My work continues to be supervised to ensure that it is safe, ethical and effective. Aspects of our work may be discussed during these sessions, but no full name will be used and identifiable details removed. My supervisor is also a member of the BACP and as such they are bound by the same confidentiality rules as myself.

### Confidentiality

What you share with me is confidential. If I consider you to be at risk of serious harm or that you have become a danger to yourself or others, I will break confidentiality and where practical I will inform you first of my need to do this.

For legal and ethical reasons, I am not bound by confidentiality if in good faith I feel that I can assist in the prevention or detection of a serious crime, this includes safeguarding issues regarding children or vulnerable adults, crimes regarding substantial financial gains and losses, and acts of terrorism.

### Duration and notice of termination

I provide both short and long-term therapy and we can discuss the planned duration of our work together during our initial session.

I require two weeks' notice if you wish to terminate therapy with me.

### Holidays

I require two weeks' notice of any holiday arrangements. I will provide you with at least one months' notice of my holidays.

### **Cancellation**

If a session is cancelled with less than 24 hours' notice, 50% of the session fee will be charged. If you do not arrive at the session without notification, the full session fee will be charged. If you arrive late unfortunately, I will not be able to extend the session, as this will affect my other appointments.

### **Contact between sessions**

If you need to change the session time, you can contact me between sessions. For immediate support, you may email me but as I may not be able to respond at that time, please see the following resources which may be useful:

<https://www.mind.org.uk/get-involved/supported-self-help/>

<https://giveusashout.org/> (or text 'SHOUT' to 85258)

<https://www.samaritans.org/how-we-can-help/contact-samaritan/> (or call 116 123)

NHS direct telephone 111

### **Review of counselling**

We will have a review bi-monthly, but this is a working agreement and as such can be amended at any time subject to review and agreement by both counsellor and client. It is the responsibility of both parties to raise any concerns about the counselling relationship. If you do not feel able to speak to me about your concerns, you can contact my professional body using the link below.

<https://www.bacp.co.uk/about-therapy/get-help-with-counselling-concerns-service>

### **Time**

The sessions are 50 minutes and usually held once a week, but this can be negotiated, depending on what you need and what your circumstances are.

### **Notes**

As a member of the BACP I am required to keep accurate and appropriate notes of our work together. These are coded to ensure your privacy and recorded on a laptop that only I use and is password protected. Any physical documentation is kept in a locked cabinet.

### **Fee**

£65 per 50-minute session payable by bank transfer by the end of each session.

Sort code: 20-98-74

Account number: 30168009

Reduced fee available to students, clients on low income or claiming benefits. This must be agreed prior to our first session, and I require proof such as a student union card or an email or letter from the Department of Work and Pensions. I review my fees on an annual basis and will give you two months' notice of any proposed increase.

If you are clear about what I offer and agree to the terms set out above, please sign below.

Counsellor: Amy Day

Signed:

Client:

Signed:

Date: