CHILD THERAPY CONTRACT – Inside Out Psychotherapy

Parent's Name (1) ……

Do you have parental responsibility? Yes or No ……

Does anyone else have parental responsibility? Yes or No ……

If yes, do I have his/her permission for me to provide therapy?

If yes, provide additional parent's name (2) …… and please obtain their signature, (below) to this document. If no, provide a clear reason why * **below**.

Child's name. ……

Child's date of birth ……

Address……

……Postcode ……

Telephone ……

Mobile ……

Email ……

Client Agreement

1. I agree to the therapist providing therapy on the agreed date and time.
2. I understand...
   a. The therapy session is confidential.
   b. The therapist may record the sessions for use in the supervision of his work.
   c. I understand that I am responsible for any damage caused by me to the premises in the therapy session.
   d. I will not be allowed to harm the therapist in any way.
   e. I will not be allowed to harm myself in a therapy session.
   f. That full payment for a session will be required if less than 8 days' notice is given. Initials _____
3. I have been given a copy of the complaint's procedures should I be dissatisfied with the professional conduct of the therapist.
4. Payments will be made each session, at £75 per 50-minute session

Therapist agreement

1. Accepted in conjunction with the Code of Ethics and Professional Conduct.
2. I agree to communicate to the relevant authorities any concerns of a dangerous nature.
3. In the event of any session being cancelled I will give as much notice as possible.
4. Regular reviews and discussions of our progress will be held.

Name of G.P ……

Heath Centre ……

Address ……

…… Postcode ……

Telephone ……

Print

Parent (1) …… **Signature** ……

Date ……

Parent (2) …… **Signature** ……

Date ……

Therapist: Clive Bowring MA Integrative Arts Child Psychotherapist. UKCP.

Signature 

Date ……

Provide a clear reason why *

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…….

	Additional services…	**Charges**
1	**Report, Letter or Email reading**	
	Less than 20 minutes	Free of charge
	More than 20 minutes	Pro rata 'session rate'
2	**Report, Letter or Email writing**	
	Less than 20 minutes	Free of charge
	More than 20 minutes	Pro rata 'session rate'
3	**Attending…**	
	Child Protection Conferences	Pro rata 'session rate'
	Core Group Meeting	Pro rata 'session rate'
	Meetings	Pro rata 'session rate'
	Conferences	Pro rata 'session rate'
4	**Travel…**	
	Rail, Bus, Taxi, Parking	At cost
	By Car	80p per mile
	Other	At cost
5	**Bank details**	
	Bank: Starling Bank	Sort code: 60-83-71
	Name: Clive Bowring	Account: 61640014

