

**SINEAD WITHERS COUNSELLING INFORMATION SHEET**

**YOUNG PERSON AND PARENT TO READ**

* My name is **Sinead Withers**, and I am a qualified Counsellor. You can find out more about me by visiting my website at www.sineadwitherscounselling.co.uk. I am a member of the BACP and I follow their ethical guidelines, these are available here:

<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>

* The **sessions** (face to face, telephone and Zoom) last for 45 minutes;
* I am covered by the relevant professional **indemnity insurance**;
* I have an up to date **Disclosure and Barring Service** (DBS) check;
* I am registered with the Information Office and adhere to **data protection legislation**;
* I charge £45 per session (unless offered through an agency and free of charge); the first session is a free introductory session, or a ‘taster’ for you to decide if you wish to continue;
* There is generally no limit to the **number** of sessions that are available (unless delivered though an agency which limits sessions), but I will review the issue of when the sessions should end regularly with you as we go along;
* **Our sessions are confidential, which means what is said in the room, stays in the room. There are some exceptions to this. If I consider that you are at serious risk of harm, (or that someone close to you is at serious risk of harm) I will need to break confidentiality. This will mean speaking to your Parent or Guardian, Local Child Protection and Safeguarding Team or your GP. I will therefore ask you to provide me with their contact details. I would hope to be able to discuss any such concerns with you first and obtain your consent, but this is not always possible. In the event of an emergency situation arising during your session where I consider your life is at immediate risk I will dial 999;**
* The criminal law also compels me to tell the police immediately were you to disclose information that led me to believe you are involved in certain crimes, such as drug trafficking or terrorism;
* I choose to work within government policy on safeguarding the welfare of children and young people (see Working Together to Safeguard Children, HM Government DfES 2015 for details);
* The Therapeutic Agreement is between myself and you and does not include your Parent or Guardian. I will therefore not routinely disclose anything you tell me to your Parent or Guardian except in the circumstances I set out in the paragraph written in bold above;
* I have **clinical supervision** at least once a month. My supervisor has further qualifications and more experience than me so they keep us both safe by making sure I haven’t missed anything and by supporting me in best practice;
* I don’t generally keep physical **notes**, but any that I may take will be kept in a locked cabinet. Any personal information held on my laptop or phone will be anonymous and password protected. In line with my GDPR statement they are destroyed five years after our sessions finish. My supervisor is bound by the same rules of confidentiality as me and I also anonymise your notes, so things are still confidential;
* I am a **Person-Centred** counsellor, which means that I won’t offer advice or try to solve your problems for you. You are the expert on your life and I’m here to listen and together, by talking things through, you may gain an insight into what’s troubling you;
* I do not offer an **emergency** service: if you are feeling distressed between sessions, please call the Samaritans on 116 123, Child Line on 0800 1111 or contact your GP;
* Sessions should be **paid** for up to 24 hours in advance (unless sessions are being offered through an agency and are free). Please avoid paying with cash; payment should be made **in advance** of the session via either my website at [www.sineadwitherscounselling.co.uk](http://www.sineadwitherscounselling.co.uk), directly into my bank account Ms S J Withers, Acc. No: 10029890 Sort Code: 60 83 71, or by using my Square payment machine immediately prior to the session;
* **Cancellation** any later than 24 hours in advance means the session would need to be paid for in full;
* If you are **late** for a session, I cannot over run to make the time up, so be aware that the session may be shorter than the agreed 45 minutes though your full fee would be payable;
* If you need to **contact me** to let me know you are running late, to cancel or to rearrange a session, please call or message me on 07554352438 or Facebook messenger and I will get back to you as soon as I am available. My email address is therapy@ sineadwitherscounselling.co.uk.

**I confirm that I have read, understood and agree to the above.**

**Signed………………………………………………………………….**

**Client**

**Print…………………………………………………………………….**

**Dated……………………………………………………**

**FOR THE PARENT OR GUARDIAN TO READ AND AGREE**

**I confirm that I have read, understood and agree to the above. In particular I confirm that I understand that the Therapeutic Agreement is between my child and the counsellor and that I will not routinely to be told of anything my child has said in the sessions except in the specific circumstances outlined in bold above.**

**Signed………………………………………………………………….**

**Parent/Guardian**

**Print…………………………………………………………………….**

**Dated……………………………………………………**