**SINEAD WITHERS COUNSELLING THERAPEUTIC AGREEMENT**

**BETWEEN THE COUNSELLOR AND YOUNG PERSON**

**My Responsibilities:**

* To be available at the agreed time;
* To start and end on time;
* To offer a quiet, confidential and appropriate space;
* To maintain safe and professional boundaries;
* Not to record the counselling sessions, either face to face, online or over the telephone;
* **To regard all contact and information as confidential unless I have reasonable doubt concerning your safety of the safety of others; if I need to breach confidentiality, I will always aim to discuss this with you first. There are occasions where this might not be possible or appropriate;**
* To encourage your autonomy;
* To work within the BACP Ethical Framework;
* To have regular clinical supervision with a qualified supervisor;
* To review the therapeutic work and relationship, collaboratively with you, regularly;
* To let you know in advance of any sessions that I will not be able to attend due to holidays etc;
* In the unlikely situation where I have to cancel a session, to let you know as soon as possible and to arrange an alternative session.

**Your Responsibilities:**

* To attend an arranged session punctually;
* To pay for your sessions in advance (unless sessions are offered pro bono);
* Not to record the counselling sessions, either face to face, online or over the telephone;
* To give a minimum 24 hours notice in the event that you have to cancel an appointment;
* To contact with me outside of arranged sessions only for the purposes of arranging or cancelling sessions;
* To let me know in advance of any planned holidays when you will not be able to attend sessions;
* To agree to give me permission to inform your Parent or Guardian, Local Child Protection and Safeguarding Team or GP in the event that I have concerns for either your or another person’s safety;
* To let me know when you feel ready for the therapy to end or if you feel it is not working for you;
* To let me know if you are thinking of having counselling elsewhere;

**Complaints**

* If you feel that you are not getting the service that you need, I would like to hear about your concerns so that we can work together to resolve any issues. If you can, please speak to me directly. Otherwise, complaints should be addressed to the BACP.

**Signed………………………………………………………………………………………**

**Sinead Withers**

**Counsellor**

**Dated………………………………………………..**

**Signed…………………………………………………………………………………………...**

**Print………………………………………………………………………………………………**

**Client (Young Person)**

**Dated…………………………………………………**

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

**I consent to my child entering into this Therapeutic Agreement in the terms expressed and I give my consent to the counselling taking place.**

**I understand that this Agreement is made between my child and the counsellor and does not include the Parent or Guardian. As such I will only be told of issues discussed during the sessions if the counsellor considers that my child or somebody close to my child is at risk of substantial harm.**

**Signed……………………………………………………………………………………………**

**Print………………………………………………………………………………………………**

**Parent/Guardian**

**Dated……………………………………………………………………………………………..**