**CONTRACT:**

**Aim of Therapy:**

The aim of Therapy is to provide your child, the client, with a confidential opportunity to explore personal and relational issues in safety. The role of Soaring High Ltd is to help your child through this process without any judgement or telling your child what to do but on occasions, I may give information or offer suggestions. During therapy, we will set goals agreed between your child, the client and myself, the Counsellor/EFT (Emotional Freedom Technique) Practitioner; your child will also agree to work towards these agreed goals.

If at any time I feel I can no longer help your child, I may offer to refer your child to someone who can. I also do not usually work with a client who is seeing another therapist. If you wish your child to see someone else, this is something that I would like to know about and discuss with you.

**Description of Therapy:**

A description of therapy can be found at: [www.soaringhigh.co.uk](http://www.soaringhigh.co.uk)

**Confidentiality:**

To ensure open exploration of the concerns that have brought your child to therapy, Soaring High Ltd maintains confidentiality in accordance with the British Association of Counselling and Psychotherapy (BACP)’s Ethical Framework [www.bacp.co.uk/events-and-resources/ethics-and-standards/](http://www.bacp.co.uk/events-and-resources/ethics-and-standards/) As a registered member of the BACP, I work within this Ethical Framework and Soaring High Ltd keeps client records (short summaries about what happens in sessions) accordingly too. I also adhere to the Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR)

[www.legislation.gov.uk/ukpga/2018/12/contents/enacted](http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted)

[www.ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/](http://www.ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/)

I receive regular clinical supervision in accordance with the BACP’s Ethical Framework to provide the best possible service to your child. Supervisors for Soaring High Ltd also abide by the same standards for confidentiality.

**Exceptions to Confidentiality:**

Soaring High Ltd must pass on any information to the relevant authorities in cases where your child’s or someone’s safety is concerned including the following cases:

1. If your child threatens harm to themselves or to another person

2. If I believe a child or protected adult is at risk of harm or abuse

3. If the courts instruct me to give information

4. If you or your child shares information about a proposed act of terrorism or another illegal act

If Soaring High Ltd feels that either your child or someone else is in danger or at risk of harm, I would first endeavour to discuss my decision for breaking confidentiality with you.

Depending on the circumstances, this discussion may also take place with your General Practitioner (GP), the individual in danger, a social worker, and/or the police. However, I retain the right to break confidentiality without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of your child or others.

In certain cases, you, the parent, may request that Soaring High Ltd shares information concerning your child. In these cases, I require written permission from you before I can carry out your request.

**Sessions:**

It is my responsibility to start and end the session on time; to offer a quiet, appropriate, and undisturbed space; to maintain safe, professional boundaries; to encourage client autonomy and to review the therapeutic work and the therapeutic relationship regularly.

Sessions last 50 minutes and will be every week usually on the same day and time, suitable to you and your child and within my hours of work. It is expected that your child, the client, will attend the session punctually but if any session begins after this time due to your child’s late arrival (for whatever reason), it will still end at the originally agreed time. If your child does not arrive or you do not call within 10 minutes of the agreed appointment, this will be considered a cancellation and as the Counsellor/EFT Practitioner, I will not be available for the remainder of the session.

**Contact between sessions:**

In instances where you need to contact me between sessions, calls or text messages can be made to 07814963599. If I am unable to take your call, please leave a message on this number or alternatively, an email can be sent to [parminder@soaringhigh.co.uk](mailto:parminder@soaringhigh.co.uk) Messages will be responded to as time permits between sessions and within normal working hours. Soaring High Ltd is not a crisis or emergency service. If your child requires urgent assistance call 999 or if your child wishes to speak to someone immediately, please contact your child’s GP, NHS 111 (out of hours), your child’s mental health crisis team (if they are involved) or the Samaritans on 116 123.

Communicating with me, the Counsellor/EFT Practitioner outside the agreed therapeutic sessions is limited to making, changing, or cancelling an appointment unless prior arrangements have been made which will then incur additional costs.

**Cancellations:**

If for any reason I need to cancel a session, I will give 24 hours’ notice to you as the client’s parent. An alternative appointment will be offered as soon as possible, and you will not be charged for the session. Likewise, I will expect you to give 24 hours’ notice when cancelling/changing an appointment or the full session fee becomes payable.

**Number of Sessions:**

We will agree the number of sessions at the first initial appointment: every sixth session, there will be a review of the work and we will all determine whether further sessions are required including their frequency.

If your child arrives for the session under the influence of drugs or alcohol, the agreed session will not take place and you will still be liable to pay the full session fee.

I understand that your child’s life circumstances may suddenly change, and your child may at any point wish to discontinue therapy. I will respect this decision but ask that I am given one week’s notice before finishing so that we have the chance to discuss this decision and end the work accordingly.

**Session Fees:**

The cost of a therapy (counselling/EFT) session is £…. Fees are reviewed yearly, and any changes take effect on 1st April of every year and apply to new or renewed contracts. If any other work is requested in addition to the agreed sessions, this will be costed accordingly and will incur further fees.

**Method of Payment:**

Payment is made at the end of every session in cash, cheques made payable to Soaring High Ltd or by BACS [Name: Soaring High Ltd; sort code: 09-06-66, account no: 40980840].

**Complaints:**

Please email me at [parminder@soaringhigh.co.uk](mailto:parminder@soaringhigh.co.uk) regarding any complaint you may have in relation to the service offered which will in the first instance, be discussed in person with you and we will try to resolve the issue. If we are unable to come to a resolution, you can make a formal complaint to the British Association of Counselling and Psychotherapy at [www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/](http://www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/)

**Information required prior to the commencement of therapy:**

How did you hear about us? ……………………………………………………………..…………………………….………………….

What has brought your child to therapy?...................................................................................................................................................

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Why consider therapy (counselling/EFT) now? .…………………………………………………………………………………………………………….…………………………………....………

Has your child previously had therapeutic support? ………………………………………………………………………..…

If yes, when and what did this look like? …………………………….………………………………………………………………

What are your child’s goals for therapy? …………………………..………………………………………….…………....………

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Print child’s name………….….……………………………………………………………………………………………….…………….…

Parent’s name………………………………….………………............……………………………...................................………

Parent’s signature …………...............………………….………….......………Date……………………….….…………….………

Address.....................................................................................................................................................

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Telephone…………………………………………………………………………………………..........…………………………………….…

Mobile………………………………………………………………………………………………………………………….………………….….

Email…………………………………………………………………....…………………………………………………………………….…….…

Child’s next of kin.....................................................................................................................................

Relationship to your child…......................................................................................................................

Their contact details................................................................................................................................

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GP Name……………………………………………………………………………………………………………………………………….…

Surgery name and address ......................................................................................................................

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Surgery telephone………………………………………………………………………………………………………………………......…

Current medication (if any) ...................................................…………………………………………………………...….

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Contact details of other professionals who are currently involved ……………………………………….……….……

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Any other relevant information ...............................................................................................................

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Counsellor/EFT Practitioner’s name ………………………………………………………………………….……………………….

Signature …………………………………………………………………………………. Date……………………………………………….