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Sally Cloke Counselling

Consent Form

I (the undersigned) hereby give permission for _____
To receive Therapeutic Counselling with Sally, and I also acknowledge the following:

- All clients of Counselling, including young people, are entitled to a degree of confidentiality. In the interest of providing a service that is both respectful and therapeutic, I (the Counsellor) cannot discuss the content of the session with a parent or guardian unless there are grounds to do so and my client (the young person) requests that I share specific information.
- As with all client work, I (the counsellor) will maintain brief notes to remind myself of the session content. Information contained in the notes is not released without written consent except in circumstances where I am ethically and legally required to do so. Clinical notes are maintained for seven years, and after that time period, they are securely disposed of.
- As a member of the British Association of Counselling and Psychotherapy, I am required to have regular and ongoing clinical supervision. Any information used during this process will be anonymous, and the client will not be identified.

Parent or Guardian Signature:

Parent or Guardian Name (Block capitals):

Parent/ Guardian Contact Number:

Relationship to child/ young person:

Date of signing: