



Lynne Chilton Counselling

Dip. Therapeutic Counselling
MBACP Accredited

WORKING AGREEMENT

between

LYNNE CHILTON (COUNSELLOR)

and

..... **(CLIENT)**

A. THE COUNSELLING PROCESS:

- We have agreed to meet for the purpose of **counselling** which will be based on the **Person-Centred** form of therapy.
- We have agreed that the Counsellor will listen to the Client with **respect, integrity** and **without judgement**. The Client has the responsibility to talk about any matter that concerns his/her **emotional, spiritual** or **mental** life. The Counsellor will use her skills to help the Client to gain **insight, come to understand himself more deeply, become more aware of feelings** and **learn how difficult situations or feelings can be managed more easily**.
- The Counsellor will also help the Client to make **appropriate choices and changes** that he/she identifies as hindering progress towards the **goals** he/she has chosen.

B. FOR THE SAFETY AND SECURITY OF THE CLIENT:

- We have agreed that the Counselling is within the **British Association for Counselling Codes of Ethics and Practice** and that the Counsellor is fully **insured** for her professional practice.
- We have agreed that Counselling is **CONFIDENTIAL** Exceptions to this confidential agreement are when a client informs the Counsellor that he/she intends to **harm himself/herself or others**, in which case the Counsellor shall inform the Client that she intends to notify the relevant authorities.
- No details, verbal or written will be given to **any third party** except with the Client's written permission, or as such as may be required by law.
- All notes concerning the Client are **kept securely** by the Counsellor and are **available to the Client** on request. Other materials that the Client may require the counsellor to keep will be returned at the end of our work together.

C. AGREED DETAILS OF OUR MEETINGS FOR COUNSELLING:

- We have agreed to meet at 52 Middle Brook Street, Winchester and that each appointment will be for **50 minutes**, from the agreed time of meeting.
- We have agreed that the fee for each session will be £55.00 payable at each session. If the client misses or cancels an appointment without 24 hours notice, then a £55.00 fee will be liable. If the Counsellor has to cancel an appointment, the Client will be offered another appointment at the earliest opportunity.
- Contact between sessions is **not** generally expected, other than to change or cancel appointments. Emergencies will be dealt with appropriately.
- We have agreed to meet for an **unspecified number** of occasions and the work we do together will be reviewed regularly. Holiday breaks will be negotiated in advance.

D. THE PROFESSIONAL REQUIREMENT OF THE COUNSELLOR:

- We have agreed that the **Counsellor is in Professional Supervision** and that she may take her work with the Client to her Supervisor, protecting the Client’s identity

E. ENDING:

- We have agreed that the Client **may end Counselling at any time**, preferably by agreement and negotiation. If the Counsellor needs to bring the Counselling to an end she will inform the Client and negotiate the ending with the help of an onward referral if appropriate.
- **In the event of the death or severe injury of the Counsellor**, the Counsellor’s supervisor will have access to the name and address of the Client and will contact him/her. In that event all notes will be destroyed.

We have agreed that this Working Agreement can be reviewed at any time.

Client’s signature.....

Counsellor’s signature.....

Date.....