



## INTAKE & INDEMNITY CONTRACT

### CLIENT DETAILS

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Age: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
I.D. / Passport Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Next of Kin Name: \_\_\_\_\_  
Next of Kin Contact Number: \_\_\_\_\_

### CONSENT TO COUNSELLING

- I, the client, hereby consent to the commencement of non-clinical, non-diagnostic supportive counselling with Tarren Turner, whom I understand to be an ASCHP registered Specialist Wellness Counsellor.
- I confirm that the personal details provided above are factual and correct. I understand that it is my responsibility to contact my counsellor to inform them of any changes to the above provided details.
- I disclose my personal particulars voluntarily during the counselling process, which may be recorded in the form of session notes and are subject to the regulations of confidentiality. Session notes remain the property of the counsellor and are not for the purpose of formal assessment or report writing.
- I have read, understand and agreed to all of the terms and conditions detailed in the provided 4-page 'Terms and Conditions' document.
- I understand that it is my right to ask questions about the terms and conditions of the Tarren Turner Counselling service, at any time via WhatsApp, email, or during sessions.
- I understand that I have the right to terminate the counselling service at any time without having to provide justification.
- I understand that confidentiality might be broken if there is risk of harm to self or others, child or elder abuse, or genuine threats made thereof. Information might be shared during emergencies, but only with the greatest consideration and prioritising the client's well-being.
- I understand that all sessions are paid for upfront and that cancellations requested within less than 24 hours of the session appointment, or failure to attend a booked session without cancellation, will result in forfeiture of the full session fee.
- I understand that the counsellor cannot be requested to provide any formal assessments or reports, including but not limited to session notes, psych-legal assessment reports, psychologically evaluative statements, psychological assessments or reports, and cannot participate in any legal proceedings.

I, (*full name*) \_\_\_\_\_

herby confirm that, I have read, understand and agree to all of the above statements and the aforementioned 4-page 'Terms and Conditions' document, and consent to counselling.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_