

# Adam Goward Counselling

*Dip. Couns. Mbacp*

## Agreement Between Counsellor & Client

Clients name .....

We will meet on .....

at .....

We can review how useful the counselling is at any time and whether the day / time is suitable.

The fee agreed is £ ..... per session.

I have read and I understand the information on page 1 of this agreement.

Signed **[Client]** .....

Date .....

Signed **[Counsellor]** *A. Goward* .....

Date .....