**INFORMATION FOR CLIENT**

1. **What to expect.** The initial focus will be on gathering information, defining core issues and establishing issues for change.  **Working together** we will then develop a therapeutic contract defining mutually understood conditions and obligations underlying future counselling sessions.

As you develop new perspectives of the problem, your strengths, others and the wider world space is made for setting goals or determining outcomes and solutions that meet your needs and wants.

I will assist you with focus and motivation to develop strategies for accomplishing your goals.

Be assured no particular skill level or previous experience with creative activity is required. In fact it can be more beneficial to explore through activities that you are not familiar. We use and explore these processes together.

1. **Appointments.** Sessions are approximately 50 minutes however I can offer longer sessions if you consider that would be of benefit. I see clients only by appointment in professional rooms located in Melbourne’s inner eastern suburb East Malvern. There is ample free parking and easy access to public transport.
2. **Fees.** My fees are $110 per session. Medicare or private health cover claims are not available at this time. I accept payment by cash and cheque.

For students and those facing personal hardship fees can be discussed.

1. **Rescheduling and Cancellation Policy.**  As a professional practice I require **48 hours’ notice to reschedule or cancel an appointment** otherwise fees are charged. Please contact me as soon as possible if you need to reschedule your appointment.
2. **Referrals.** Your health care professional can refer you to my services.
3. **Code of Conduct**. I am on the Australian Register of Counsellors and Psychotherapists (ARCAP) and abide by its code of conduct (ethics). I hold current National Police Certificate and Victorian Department of Justice Working with Children Permit.
4. **Registration.** I am a financial, registered member of:
* Australian Counselling Association (ACA)
* The Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA)
1. **Qualifications.**
* Masters in Therapeutic Arts in Practice.
* Graduate Diploma in Therapeutic Arts in Practice.
* Advanced Diploma of Visual Arts.
* Advanced Diploma of Therapeutic Arts in Counselling.
* Certificate IV Workplace Training & Assessment.
* Certificate IV Millinery.
* Certificate IV Small Business Management.
* Certificate III Aged Care.
1. **Professional Development and Supervision.** In keeping with best practice I undertake regular industry training, association activities and maintain my practice with professional supervision from a qualified practitioner.

**COUNSELLING-CREATIVE ARTS THERAPY CLIENT DETAILS**

**(Please complete and bring to your first appointment)**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Person responsible for paying the account (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode:\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledged that I aware and responsible for paying (print name of client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s account.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The entire therapeutic relationship is built on trust and openness between the client and the counsellor. I look forward to meeting you at your first appointment.

**Sandra Buchanan**