

Kaylin Nel
PRACTISING
REGISTERED COUNSELLOR

BA(Psych). BSocSi Hon(Bpsych Equiv) PRC 0042510

076 764 6013
admin@knelpractice.com

CHILD CONSENT FORM

CHILD NAME:

D.O.B:

NATURE OF COUNSELLING WORK

As a counsellor, I aim to create a corrective experience where distressing issues can be discussed and resolved by using various psychotherapeutic measures. This means you are empowered to discover solutions to issues in a supportive environment. I offer you my honesty and respect while we explore issues you feel you would like to bring to counselling at the times that we have agreed upon.

COUNSELLOR ROLES & RESPONSIBILITIES

- To be available at the agreed time and to start and end sessions on time.
- To offer a quiet appropriate and undisturbed space.
- To maintain safe, professional boundaries.
- To regard all contact and information as confidential, unless they have reasonable doubt concerning the safety of the client or others.
- To encourage client autonomy.
- To work within the HPCSA's framework (available upon request).
- To review therapeutic work and relationship regularly.
- Counsellors may not diagnose mental illness, but instead, will refer if suspect thereof.
- To put an end to counselling and refer clients, when ethical and professional boundaries have been breached.
- To communicate the progress and possible needs of the client to relevant authorities and guardians.

CONFIDENTIALITY

- There are boundaries and limits to confidentiality. Confidentiality may be broken if:
- The client or others, in the opinion of the counsellor, seem to be in danger or at serious risk of being harmed.
 - The counsellor is required to do so by subpoena.
 - The client infers knowledge of or involvement in illegal activities.
 - The client infers knowledge of or involvement in behaviours that may, in the Counsellor's opinion, lead to harm or neglect to children and vulnerable adults.

SESSION PARTICULARS

Records of Sessions

Casenotes will be made during the session, as well as outside of the session. All documents will be kept in a safe and secure location, only accessible by the counsellor.

Appointments

Sessions will last a duration of 45 to 60 minutes and typically 10 sessions will be booked per client. *Please take note: 24 Hours notice should be given when cancelling a session. Cancellations made less than 24 hours before the scheduled session will still be invoiced and the client will be liable to pay 100% of the session fee.

GUARDIAN ROLES & RESPONSIBILITIES

- To make sure that the client attends sessions punctually.
- Communicating with the counsellor; outside agreed counselling sessions to be limited to making, changing or cancelling an appointment unless by prior arrangement.
- To be respectful to the counsellors and their property.
- To discuss with the counsellor when you feel you are ready to end the client's counselling sessions.
- To let the counsellor know if the client is in or is considering entering into another therapeutic relationship.
- It is of severe importance that the client and their guardian be open and honest at all times, in order to establish a trustworthy bond between guardian and counsellor and to promote successful counselling for the client.
- To support the client outside of counselling sessions, following the counsellor's recommendations.

12 Sinclair road
Selection Park
Springs
1559


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SIGN ONLY WHERE APPLICABLE:

ACKNOWLEDGEMENT AND CONSENT

By your signature below, you are indicating that you read and understood this consent form and that any questions you had about this consent form were answered to your satisfaction.

Consent for counselling of Minors: I/we consent that my/our child
_____ (name of child) may be seen as a client by the appointed
counsellor.

I/we confirm to be the legal guardian/s of

(name of child/adolescent)

_____.
Date of Birth (child/adolescent)

1. Parent or Guardian's name: _____

Parent or Guardian's Signature: _____

Date: _____

2. Parent or Guardian's name: _____

Parent or Guardian's Signature: _____

Date: _____

Counsellor - Name: _____

Counsellor Signature: _____

Date: _____