

Pastoral and Narrative Counselling Informed Consent Form

You can type into this form on a computer or phone, or print it and complete it in pen.

FULL NAME

CONTACT NUMBER(S)

EMAIL ADDRESS

EMERGENCY CONTACT PERSON

EMERGENCY CONTACT TEL

Nature and scope of counselling

Pastoral counselling is a supportive process that may draw on spiritual, faith-based or values-based resources when you wish. Narrative counselling explores the stories, meanings, relationships and social contexts that shape your experience, with the aim of identifying strengths, choices and preferred ways forward. Counselling does not guarantee a particular outcome.

I understand the following

- The information shared in these sessions will be handled confidentially.
- My counsellor will be under regular supervision.
- My therapist at Hadash Pastoral and Narrative Therapy is not a qualified psychologist. Should it be deemed necessary, I may be referred to other helping professionals such as doctors, social workers, psychologists and psychiatrists.
- The law requires that any information disclosed about reasonably suspected child abuse, or an intent to harm or endanger oneself or another person, be reported to the relevant authorities.
- I am willing to pay R500 for each counselling session upon receipt of an invoice, unless otherwise arranged with the therapist.
- Out of courtesy, I will give no less than 24 hours' notice when cancelling an appointment. Failure to do so may result in being charged 50% of the session fee.

Declaration

I have read and understood the above. I take full responsibility for any decisions, choices and actions I make in conjunction with the counselling support I receive, and therefore absolve Gail Molver and the Hadash counselling team from any liability.

☐ I have read, understood and agree to this consent form.

CLIENT SIGNATURE

Sign by hand, or type your full name if completing on screen.

DATE

PARENT / GUARDIAN SIGNATURE (WHERE THE CLIENT IS UNDER 18)

Only needed if the client is under 18 years of age.

DATE

WITNESS (COUNSELLOR) SIGNATURE

Completed by Gail at your first session.

DATE

How to send this form back

1. Complete the form on screen and save it, or print it and fill it in by hand.
2. Email it to gaimolver@gmail.com before your first session.
3. If you completed it by hand, a clear photo or scan of both pages is fine. You can also WhatsApp the photos to 066 201 0997.

Your form is kept confidential and used only for your counselling with Hadash.