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REGISTRATION FORM AND e-COACHING AGREEMENT

Client name:
Telephone number:
Address:
E-mail:

Client Statement

I agree to undertake.........sessions of .... minutes each to address key changes I wish to make in my life. I am committed to taking positive action to make improvements in my life and to meeting the goals I identify as necessary to do this. I am committed to being as open and honest as necessary in order to work with my coach towards achieving my goals.

Timetabling of Sessions

If I need to re-arrange any appointments, I will give at least 24 hours notice. I understand that if I fail to give 24 hours notice, Integrated Health will be within their rights to charge for that session.

Ground Rules

1. As the client I understand that I am fully responsible for the decisions and choices reached during the coaching sessions.
2. I understand that 'coaching' is a relationship I have with my coach that is designed to facilitate the development of personal or professional goals and develop a plan/strategy for achieving those goals.
3. I understand that coaching is a comprehensive process, which may involve all areas of my life including work, family, health, relationships, education and recreation. I acknowledge that deciding how to handle any issues is my responsibility.
4. I understand that coaching is not a substitute for counselling, mental health care or substance abuse treatment.
5. I promise to inform my coach if I am currently in any kind of therapy and that any medical or therapeutic practitioners involved in my care have been advised of my intention to work with a coach.
6. I agree to commit to the programme of coaching sessions to facilitate the required change. I understand that if I am not satisfied with my progress during this time and wish to cancel my remaining sessions and discontinue coaching, then I may do so at any time up to 24 hours before the following session but am not entitled to a refund of the unused sessions.

I have read and agree to the above:

Client:_____ Signature:_____ Date:_____