

the
Snug

Counselling for Young People

The Snug Parents Contract

THE SNUG PARENTS CONTRACT

Name of the child:

Date of birth:

Parent's name:.....

Address:

Email address:

Parent's name:

Address (if different from above):

Email address:

Emergency contact name & number:

Please give details of any siblings:

Please note this is just the first step, below are some general questions, we will go into more detail when we have our initial face to face consultation.

GENERAL INFORMATION

**Has your child had counselling before? (if the answer is yes: where, when and for how long?
Did they find it beneficial?)**

What is your main reason for contacting The Snug?

How are you hoping counselling will help your child?

How well are they sleeping at the moment: good average restless poor

Average hours per night:.....

In general, how has your child's health been?

- excellent (is rarely sick, when sick recovers very quickly)
- good (is not often sick or injured, illnesses are fairly short-lived)
- fair (frequently sick or injured, illness often lingers or recurs)
- poor (chronically ill)

EMOTIONAL AND BEHAVIOURAL INFORMATION

YOUR CHILD'S STRENGTHS

	Often True	Sometimes True	Seldom True	Cannot Say
Outgoing				
Self-confident				
Seems happy				
Enjoys new experiences or activities				
Even disposition or steady moods				
Expresses feelings				
Affectionate				
Kind or sympathetic to others				
Shares				
Can compromise				
Follows rules easily				
Is forgiving				
Stands up for self when appropriate				
Tolerates criticism				
Recovers easily after disappointment				
Is appropriately cautious				
Creative				
Plays gently with smaller children or animals				
Good sense of humour				

YOUR CHILD'S DIFFICULTIES

Has your child recently or currently experienced the following?

	Yes	No		Yes	No
Depression, loneliness or hopelessness			Frightening dreams or thoughts		
Regular crying			Often annoyed by little things		
Difficulty completing tasks			Violent or destructive behaviour		
Difficulty remembering things			Difficulty concentrating		
Difficulty with eating			Recent suicidal thoughts		
A tendency to be shy or sensitive			A strong dislike of criticism		
A frequent loss of temper			Difficulty expressing feelings		
Nervousness, anxiety or worry			Difficulty relaxing		
Difficulty making decisions					

PEER RELATIONSHIPS

Is your child socially: outgoing shy depends on the situation

Is your child involved in any organised social activities (eg sports, clubs, music)?

Does your child have a mobile phone? Do you feel they have a healthy relationship with it?

Does your child play video games? Yes No

If yes, for approximately how long and when?

SCHOOL INFORMATION

Name of school (the school will NOT be contacted at any time by The Snug)

.....

Year group:

Are there any behavioural issues going on at school? If yes, please explain

How are they doing within school both educationally and with friendship groups?

What is your child's favourite subject?

.....

What is your child's most challenging subject?

.....

What are your child's special interests, hobbies and or skills?

DISCIPLINE

How do you discipline your child?

Are there differences between father and mother with regards to discipline? Yes No

If yes, please explain: .

Please read this carefully and feel free to ask any questions about what you have read or of you need further clarification.

CHILDREN AND CONFIDENTIALITY

As a therapist that works with children, we have the difficult task of protecting the child/young person's right to privacy while at the same time respecting the parent's or guardian's right to information. In order for the therapeutic relationship to be effective, there has to be trust between myself and your child. Privacy is important in securing and maintaining that trust, developing a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is especially true for adolescents who are naturally developing a greater sense of autonomy and a sense of independence. We will not share with you what your child/young person has disclosed without your child/young person's consent. (However, this does not apply if it is a safeguarding concern).

Confidentiality is one of the most important rights the person seeking therapy has and this is true whether you are an adult or a child. Information revealed by a client during their sessions will be kept strictly confidential and will not be revealed to any other person or agency without written permission, with the following exceptions:

In order to maintain professionalism, therapists are required to be supervised by another therapist during these interactions, client anonymity is paramount and will be adhered to at all times.

Confidentiality has some legal limits as well. In the very rare situations where the therapist can be required to reveal information obtained during therapy to another person without the persons permission, exceptions would be situations involving harm to self, harm to others and any safeguarding concerns. Whenever possible the child/young person will be informed before these concerns are shared.

ENDINGS

Both you and your child are in complete control and may end the therapeutic relationship at any time. Endings are an important part of the therapeutic process, and in order to manage an ending appropriately with your child/young person, I require at least two weeks’ notice prior to our sessions coming to a conclusion.

SESSIONS AND CANCELLATIONS

Sessions will cost £75. To be paid prior to the session, this can be paid via bank transfer.

Sessions at The Snug last 50 minutes and Walk and Talk sessions last 60 minutes. We require 24 hours cancellation notice prior to the sessions, if appointments are not cancelled within this time frame, then fees will not be reimbursed.

Please note I work in conjunction with the school term and break in school holidays, unless specifically requested.

EMERGENCIES

The Snug is closed after 6pm weekdays and closed at weekends unless you have a booked session.

In an emergency situation, please contact your GP or go to your local A&E or call 999.

Data protection: please read all information on website, if any further questions please contact me.

COVID 19

I/We confirm that my child will be fit and well and will not have any symptoms of COVID 19 as listed by the UK Government Guidelines when attending therapy.

I/We agree to inform The Snug Counselling if my child shows signs of Covid 19 and I will immediately prevent him/her attending therapy until symptom free.

I/We also understand that my child will need to do a lateral flow test prior to returning to their sessions, in the event they have had Covid 19.

CONSENT

By your signature below you are giving permission for your child to be in therapy with Kim Todd at The Snug Counselling and that you have read, understood and agreed to the information provided by this consent form and information given on my website www.thesnugcounselling.co.uk

Please return this form as soon as possible prior to the first session.

On behalf of (child’s name):.....

Parents signature

Date: