

*the*  
**Snug**

*Counselling for Young People*

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*The Snug Walk and Talk Contract*

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## THE SNUG WALK AND TALK CONTRACT

Name of the child:

Childs date of birth: .....

Age and gender: .....

Parent name: .....

Parent name: .....

Email address: .....

Mobile number (s): .....

How would you like to be contacted?: .....

Emergency contact name and number (relationship to you): .....

### ***“Physical movement encourages psychological movement”***

The primary objective of Walk and Talk is to have a therapy session, but outdoors with a trained therapist.

We offer Walk and Talk sessions as an additional treatment to my counselling young people at The Snug. Walking sessions typically take place within Parkland areas, details are on our website and will be discussed ahead of the session.

*Walk and Talk sessions can be used intermittently or regularly and may be discontinued at any time that you choose and a request made that sessions take place at The Snug.*

**For information please refer to my website [www.thesnugcounselling.co.uk](http://www.thesnugcounselling.co.uk)**

I/We agree that (your child’s name).....is responsible for setting the walking pace of the session.

(Child’s name).....understands that this is not an exercise or workout, and that while movement may be a benefit to them physically, the focus is not about exercise.

I/We agree that I/We will arrive 10 minutes prior to our 50 minute session in order that we can start and get settled into our walk so that we can maximise our session together.

(Childs name) .....will agree to communicate with my therapist if I at any point they feel uncomfortable physically or emotionally while participating in Walk and Talk therapy.

I/We (parents name) .....will stay in the area if needed in an emergency and will keep mobile phone on at all times.

It is understood that if I and your child came into contact with a person that your child knows I will take your child's lead. I can confirm prior to starting Walk and Talk therapy with your child that I will have had a conversation about this and agreed as to how your child would like to deal with this possible scenario.

Please note this is an outdoor park environment, there will be grass, insects, dogs off their leads please make sure you let me know if your child has any allergies or has a fear of dogs.

Kim Todd will make every effort to preserve client confidentiality and privacy while conducting my Walk and Talk therapy sessions. (please refer to my website for further information at [www.thesnugcounselling.co.uk](http://www.thesnugcounselling.co.uk))

The Snug counselling will adhere at all times to any Covid 19 guidelines when necessary.

I/We agree that as (child's name) ..... parent/guardian have had all our questions answered by Kim Todd at The Snug Counselling, I/We understand and agree to the above regarding Walk and Talk therapy.

Clients full name: .....

Clients signature: .....

Date: .....