Email [elizaburrows100@gmail.com](mailto:elizaburrows100@gmail.com)  Phone 07967 816176

Bank details: E. Burrows A/C 13783456 Sort code 20-42-76

Please fill in this form and return to me.

Name ……………………………………….………………………………………………..

Address ……………………………………….…………………………………………..…

……………………………………….…………………………………………..…

Postcode …………………………………….…

# Phone number ……………………………………….…

# 

Email ……………………………………….……………………………………….……

GP’s name ……………………………….………………………………………………..

GP’s contact details ……………………….…………………………………………..…

……………………………………….…………………………………………..…

Agreed start date and slot time …………/ …………/ …………

Confidentiality  
Our sessions are confidential, and your privacy will always be respected – it’s fundamental that you feel comfortable enough to share your personal information openly with me. In adherence with the code of ethics and practice of the UKCP and BACP, I will only discuss our work with my clinical supervisor. However, none of your identifying details will be shared.

The exception to this is if I feel there is a risk of harm to yourself or another, or there are serious child protection concerns. In this situation, I will endeavour to discuss my concerns with you first, and involve you in the decision to break confidentiality.

Payment  
You can pay for you session either in cash, by cheque or by bank transfer, either on a session by session basis, or on a monthly basis.

If you miss payment for two consecutive sessions, unless you are paying on a monthly basis, I will not be able to offer you another session until the outstanding amount has been settled.

Please be advised that my fees will be subject to annual review.

Cancellation Policy

The full fee will be charged for all sessions that are cancelled or missed, unless one week’s notice is given. However, where possible, I will always try to find another mutually convenient session time.

I will endeavour to give you as much notice as possible of any annual leave I take, or if I have to cancel your session in an emergency.