



Client Coaching Agreement & Expectations

Name: _____

Address: _____

Mobile: _____

Email: _____

Occupation: _____

Date of Birth: _____

How did you learn about UrSupport Life Coaching?

Newsletter: _____ Friend:(name) _____

Advertisement: _____

Other: _____

Session Fees: \$150 per 60 minute Session

Bonus: Up to 30min of additional support between sessions as needed

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.

2. I understand that coaching is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.

4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the The Royal Australian and New Zealand College of Psychiatrists. I understand that coaching is not a substitute for counselling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy. If I am currently receiving psychiatric care, I will consult with my caregiver to ensure working with a coach is in my best interest at this time.

5. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law. I understand that if I reveal information that involves physically hurting myself or others, the coach must report such information and/or refer to mental health professionals accordingly.

6. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals or clients for training, educational OR consultation purposes and that any identifiable details will be changed to protect my privacy.

7. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

8. Because professional coaching is not considered medical consultation or treatment, health insurance or Medicare does not apply. I have read and agree to the above. Client

Signature: _____

Date: _____