

This Mentoring Agreement ("Agreement") is made between:



**Mentor:** [Your Name]  
**Mentee:** [Mentee's Name]  
**Date:** [Start Date]

### **Mentoring support agreement**

Welcome – I am really look forward to working alongside you. We will be working together to help you achieve your goals by providing support and guidance that may help you with clarity. We will establish a personal development (or business) plan that will help you to focus and make progress.

This mentoring agreement aims to set out clear expectations from both the mentor and mentee prior to any mentoring sessions taking place. If both parties are aware of their individual responsibilities, it is more likely an effective mentoring relationship can form. This agreement is intended as a guide and may, if necessary, be renegotiated by the mentor during the relationship if in the best interests of the mentee. Any changes will be discussed in consultation with the mentee.

Mentoring is a space to talk that is confidential. It is a place where you can share your feelings and think about yourself in your own time.

Before we begin working together it is important that we have a working agreement, so we know what is required of us. I ask that you please take some time to read the following carefully as it will help to assist in our work together. If there is anything that you are not sure about or anything you feel I may have missed, please let me know.

### **Purpose of Mentoring**

The purpose of this mentoring relationship is to provide support and guidance to the Mentee with a focus on inner child work, transition support, and personal development in areas including social, emotional, mindset health, life coaching, and business mentoring.

I position myself as a guide through the sessions using a variety of supportive positions – a mentor, a coach using coaching tools, a facilitator of change and learning and a teacher.

The sessions will involve sharing of strategies, exercises, knowledge and asking of thought provoking deep reflective questions. The aim is to inspire and guide you to empower yourself to take what you need and create a personalised framework for healing, discovery and growth.

### **Nature of Mentoring Relationship**

I offer guidance, support, and tools based on personal and professional experience.

This mentoring is not a substitute for professional medical, psychological, legal, or financial advice. The Mentee is encouraged to seek qualified professional support where necessary.

I do not diagnose, prescribe, or offer therapy.

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## About me

I will not advise you or tell you what to do but I will help you explore the areas in your life which you choose to bring to our sessions. I will hold a mirroring space to help you in making your own decisions and help you gain a better understanding of yourself and your situation. I will offer a confidential, non-judgmental space for you to explore your issues in your own time, and at your own pace.

## Insurance

I hold professional liability and personal indemnity insurance.

## Confidentiality

Any therapeutic exchanges we have remain confidential and no content shall be used for any other purpose. There are however exceptions when my duty of care and ethical standards make it untenable to maintain confidentiality. This would include cases of serious harm to self, harm to others, including harm to animals. In such cases I may need to pass some information on to relevant parties only. I would however, where possible, discuss this with you first. Every local authority (county) in the UK is required by the Care Act 2014 to establish a Safeguarding Adults Board (SAB) and members of the public can report safeguarding concerns to their local authority. If any of the above and below I felt applied, this is who I would be morally obliged to report my concerns to.

A further exception is if you have disclosed something which is subject to the Laws of England/UK. For example, confidentiality cannot be maintained in the following situations:

- In cases of drug trafficking and terrorism
- Where there are concerns regarding child abuse/neglect
- When required to disclose information by a court of law

If I feel that I am not able to provide you with the level of support you require, such as I feel that your mental health needs are outside of my areas of expertise, I have the right to discontinue our sessions. This will be done with your best interests at heart and carried out as sensitively as possible. Where possible I will do my best to signpost you to alternative support.

I will not disclose to anyone that you are a client of mine and if we are to meet at a networking event I will not disclose or make evident that we are working together unless you so choose to share with others.

## Privacy and safety

I hold an enhanced DBS.

I keep records and brief case notes, these are kept and managed in accordance with GDPR policies which can be found on my website.

Records of our work will be kept no longer than is necessary and will be destroyed in accordance with Data protection

All discussions and records will be treated as confidential and stored securely.

Compliance with UK GDPR and Data Protection laws and will only retain information for as long as necessary.

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### Data Retention:

Mentoring notes and records will typically be kept for up to 12 months after the mentoring relationship ends, unless a longer period is required for legal or safeguarding reasons.

If any safeguarding concerns arise, records will be kept for at least 6 years as per legal guidelines.

Employment-related mentoring records may be retained for 3–6 years or in line with organisational policies.

Anonymous feedback or general insights may be kept indefinitely for program improvement, without identifying personal details.

Once the retention period ends, all personal data will be securely deleted or destroyed (e.g., shredding paper notes, permanently deleting digital files).

Any rough notes taken as memory prompts during sessions or any other details kept about content of our work/goals will be anonymised and kept in safe storage electronically for the duration of the coaching/mentoring sessions and for a maximum of 12 months after the sessions end. These notes will be shared electronically with you as a summary of our meetings.

I install antivirus software.

Any document sent to you containing confidential information will be sent with a password that will be agreed upon during our sessions.

### **What can you expect from me?**

- To provide a service which is welcoming, engaging, supportive and positive.
- To help you weigh up situations, through a process of reflection, challenge and feedback allowing you to make more informed decisions.
- Work with you in a professional manner, treating you and your future plans with the respect they deserve.
- Help you identify for yourself the right pathway of support and activities tailored to achieve your goals.
- Help you develop and update your personal plan of action and work alongside you to help you maintain your timeframes to help you with benefits as soon as possible.
- Meet with you as agreed for the set duration/sessions included in the offer of agreed support.
- Discuss your progress towards your goals, offering guidance (where appropriate) and encouragement, but not advice during sessions.
- To work in a human centred way responding to your needs and not imposing an agenda for which you do not agree to.
- Not to intrude into areas that you may wish to keep private unless raised by you if such challenges impact your ability to focus on your agreed support.
- If during our work together we feel that the relationship is not working, please let me know and we discuss future support.
- Conduct myself with dignity, respect and integrity and act in a way which respects diversity and promote equal opportunities.
- I have a zero-tolerance approach towards any inappropriate language and/or behaviour.
- Any tools, knowledge and strategies that I share before, during and after our sessions are done so as offerings of guidance and signposting, not advice.
- I offer guidance and structured exercises for inner child healing and life transitions.

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## **Modalities/areas offered and covered within my support work**

- Inner child
- Somatic, shadow and breathwork
- Emotional health and chakra energy
- Mindset support
- Life design
- Teen/parent/family/partner relationships
- Creative design healing
- Empty nesting
- Divorce/co-parenting
- Considering a potential ASD/ADHD assessment
- Home education/alternative education design for teens
- New business support
- Existing business support

## **As a mentee you agree to the following**

- You understand that mentoring should not be used as a substitute for professional, legal, medical, financial or business advice.
- You agree that all decisions in all areas of your life are exclusively yours and that any subsequent decisions and actions are your sole responsibility and that you take full responsibility for your choices and decisions that you make because of offered support.
- To commit to help us to ensure sessions are maximised to the benefit by attending all agreed sessions and if you are unable to attend a session to provide at least 48 hours' notice (except in times of emergencies).
- To be honest, open and committed to the process.
- To responding in writing to any request that supports the process.
- To provide, as much as possible, agreed areas of focus at the beginning of each session.
- You understand and agree that you are fully responsible for your physical, emotional, spiritual and mental wellbeing before, during and after our sessions. This includes your choices and decisions.
- You understand that mentoring requires a co-operative approach between a mentor and mentee. In this relationship I, as a mentor, play a role as a facilitator for change, but it is your responsibility to enact or bring about all change.
- Although I have completed the following qualifications, I am not a fully qualified counsellor and do not position myself to be one: Level 3 certificate in counselling studies. Counselling and Psychotherapy central awarding body (CPCAB) / Level 2 certificate in counselling skills. Counselling and Psychotherapy central awarding body (CPCAB). Proof of certification can be shown on request. Although not a member, I do follow the guidance of ethical guidelines.
- You understand that mentoring is collaborative but requires self-reflection and proactive engagement.
- You understand and agree that mentoring and coaching is a professional-client relationship designed to facilitate the creation/development of personal, professional or business goals and to develop/carry out a strategy/plan for achieving those goals.
- You understand that mentoring/coaching is a comprehensive process that may involve all areas of your life, including work, finances, health, relationships, education and recreation. You acknowledge that deciding how to handle these issues and implementing your choices are exclusively your responsibility.
- You understand that this process is an alternative therapy aiming to bring about profound transformational change.

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- You accept and acknowledge that this process can trigger as we work through unresolved wounds and past experiences.
- You accept that these sessions are designed to bring awareness potentially to your shadows, which can sometimes be uncomfortable.
- You acknowledge that coaching/mentoring does not involve the diagnosis or treatment of mental disorders and cannot be used as a substitute for mental health care, counselling, psychoanalysis, psychotherapy, substance misuse treatment, or other professional advice by legal, medical or other qualified professionals. It is your exclusive responsibility to seek such independent professional guidance as needed. If you are currently under the care of a mental health professional, it is recommended that you inform the mental health care provider of the nature and extent of the coaching/mentoring relationship agreed upon
- If I identify with you that your current issues are not appropriate for that of a Coach or Mentor and more suitable for another support service, then I reserve the right to bring the coaching relationship to an end at any point in the relationship. This will be done with verbal notice either during the final session or by email.
- You agree to disclose details of the past or present psychological or psychiatric treatment. In entering an agreement and signing this agreement you are agreeing that if any mental health difficulties arise during the support relationship, you will notify me immediately so that we can discuss appropriate steps.

### **Other boundaries**

If any client is considered to be under the influence of alcohol or drugs or in intense emotional distress for which professional mental health is required, the session will not go ahead.

No intimidating or threatening behaviour will be tolerated.

The mentoring relationship does not create a legally binding contract of services beyond what is outlined here.

I am not liable for any of your decisions made or outcomes resulting from our mentoring sessions.

You understand that all specific topics may be anonymously and hypothetically shared with other professionals for training or consultation purposes.

### **Delivery of sessions**

Services will be provided over Zoom and/or in person. Unless requested, or mutually agreed, sessions will not be video recorded but an AI assistant will be used to summarise the discussions of the sessions. This summary will also be shared with you. The accuracy of the AI assistant cannot however be guaranteed for everything discussed and some points may be generalised.

If local to the area of which I am currently based, by discussion and agreement cafés and public spaces can be used to meet but confidentiality needs to carefully be considered by yourself and is up to you to decide if you wish to meet in such settings.

### **Schedule and fees**

After a free initial connection call of 15 minutes, parties to the agreement can agree to engage in a single initial session of 90 minutes – the cost of this is £120.

After this session, if you wish to do so, an additional 4 block sessions can be booked. Blocks of sessions can be repeated to form a more ongoing agreement if so desired and mutually agreed.

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All payment is to be made before the commencement of a session. An invoice will be sent to you. No session will be able to commence unless payment or proof of payment has been received.

Any pre-paid block sessions cannot be refunded unless there is a termination of the support agreement. This is because other mutually agreeable dates can be found if for some reason you need to change or cancel booked appointments. Please refer to the cancellation policy outlined below.

### **Complaints**

I hope that you are happy with the service provided by me. However, if things are not quite what you had hoped for, I am happy to take time to discuss any issues you might have regarding my support and hopefully we can resolve these together

### **Cancellation Policy**

If you cancel your session with at least 48 hours' notice before your appointment, you will not be charged for your missed session. If you cancel your appointment less with than 48 hours' notice, you will still be charged for half the regular fee. I am willing to show discretion in some instances however when missing your appointment cannot be helped (such as emergencies). In such instances we can arrange an alternative time for your appointment.

### **Unforeseen Circumstances/Technical Troubleshooting (Online session support)**

Should you experience a technical breakdown which prevents you from emailing or connecting to the technical platform as agreed, I will call you on the telephone number you have provided approximately 5 minutes after your appointment time, to see if we can remedy the issue or rebook. I also undertake to contact you by telephone should I experience a technical breakdown.

### **Emergency**

I cannot provide an emergency service for clients. If you find yourself in a major crisis and were considering serious self-harm, it would be vital to get immediate help. This could include contacting your GP or going to your nearest accident and emergency department (A&E). You could also call the Samaritans on 08457909090 or visit their website [www.samaritans.org](http://www.samaritans.org). You agree that you are responsible for this.

You will be asked to complete the following information over the page and return it to me as an attachment if you would like to proceed with support sessions.

### **Description of services offered**

My support service is not therapy but can have some therapeutic effects.

If applicable to your sessions and they are incorporated:

If after discussions you wish to incorporate somatic and shadow work into your support sessions and after mutual agreement you choose to do so, you accept and understand that you may experience some or all of the symptoms and benefits listed below:

The mentee acknowledges and understands that during and after somatic and shadow work sessions, they may experience a range of emotional, physical, and psychological responses. The symptoms and benefits outlined are based on general principles of trauma-informed care and somatic integration, drawing from best practices recognized by professional bodies such as BACP, UKCP, and BPS. For further information, mentees may refer to these organizations' guidelines on emotional processing and somatic experiences. These may include, but are not limited to:

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Possible Symptoms:

- Emotional release, including but not limited to sadness, anger, shaking, crying, joy, or anxiety.
- Temporary fatigue, headaches, or bodily discomfort.
- Heightened sensitivity or emotional overwhelm.
- Dreams or memories resurfacing.
- Temporary mood fluctuations.
- Feeling hot, cold or tingling
- Lightheaded
- Past experiences (trauma)

Potential Benefits:

- Increased self-awareness and emotional resilience.
- A sense of relief, clarity, or inner peace.
- Greater connection to the body and emotions.
- Improved ability to manage life transitions.
- Strengthened sense of personal empowerment.

The mentee understands that these experiences are part of the integration process and agrees to practice self-care. If concerns arise, they are encouraged to discuss them with the mentor or seek additional professional support where necessary.



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Full Name: .....

Phone Number: .....

Email Address: .....

Area of location: .....

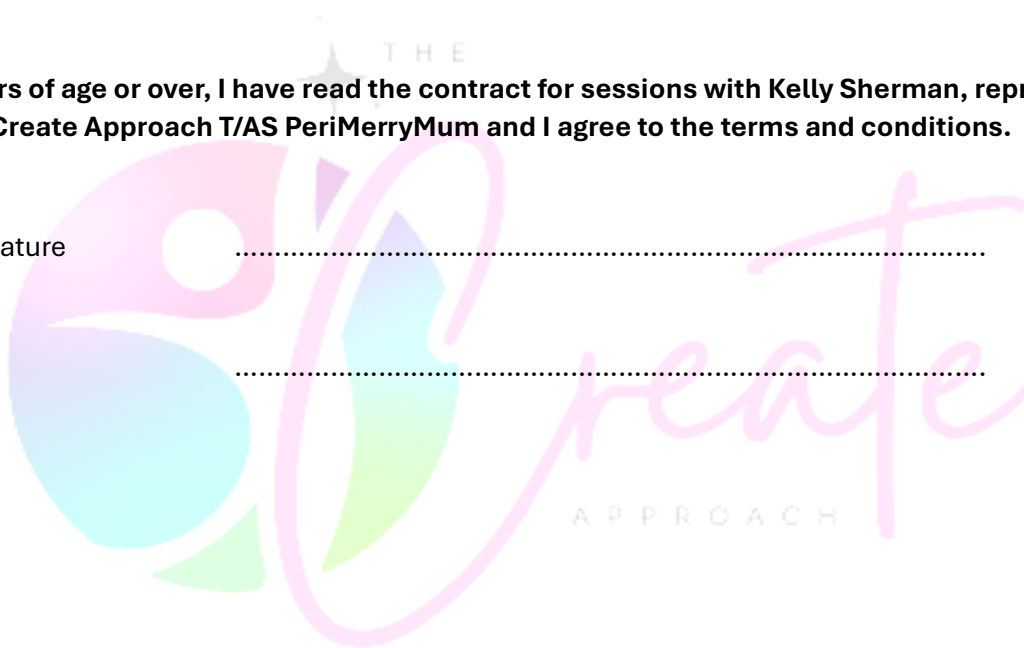
Please 'sign electronically' here with your printed name and signature if you agree to working to the points within this agreement.

We cannot begin sessions until receipt of your agreement has been received.

**I am 18 years of age or over, I have read the contract for sessions with Kelly Sherman, representing the brand The Create Approach T/AS PeriMerryMum and I agree to the terms and conditions.**

Clients Signature .....

Date .....



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