



Counselling • Coaching • Speaking

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Mrs Karen Gosling
Counselling Director
Gosling International
13 Valerie St, Ashmore QLD 4214
AUSTRALIA

Dear Mrs Gosling

Agreement To Accept Professional Counselling Consultation Charges

I/We request professional counselling consultations for _____
[Name of Client(s)]

I/We acknowledge that I/we have read and understood the attached Professional Statement. I/We agree to the Limits of Confidentiality, Professional Counselling Consultations provided, and the Counselling Consultation Fee. I/We understand that consultations are charged for time used at an hourly rate and that appointments are not set for a predetermined time. I/We have been fully informed of your Professional Counselling Consultation Fee Schedule and agree to pay fees at the standard rate of AUD\$240 per hour or at such other rate or rates as may be otherwise agreed by both parties pro rata for hours used or part thereof, except where I/we buy a prepaid Consultation Plan in which case I/we agree to pay consultation fees at the plan rate per hour pro rata for hours used or part thereof. I/we agree that home/hospital visits are charged at an additional fee of AUD\$120 per visit.

I/We acknowledge that Gosling International does not offer time payment facilities and that all consultation fees are payable at the time of appointment either by Cash, EFTPOS (VISA, MasterCard) or online through PayPal at <http://karengosling.com/fees/>. I/We acknowledge that Consultation Plans are payable in advance and not by instalments and that on completion of any prepaid Consultation Plan ongoing consultations will be charged at the standard rate, except where a new prepaid Consultation Plan is purchased. I/We agree that where a refund of a prepaid Consultation Plan is requested, consultations completed under any plan will be charged at the standard rate of AUD\$240 per hour and the balance of the plan refunded by Gosling International cheque in Australian \$s made payable to the name appearing on the EFTPOS card, credit card voucher, or cheque drawer and mailed to the last advised postal address or by internet credit to the client's bank account. I/We further agree that prepaid Consultation Plans will expire two years from the date of purchase if unused and no refund shall be payable.

Gosling International will provide up to 10 minutes of telephone consultations free of charge. I/We agree to pay the full consultation fee, including the initial 10 minutes, at the standard or plan rate per hour pro rata for hours used or part thereof for telephone consultations that exceed 10 minutes duration.

If I/we fail to attend a scheduled appointment at the agreed time, Gosling International will wait 15 minutes before attending to something else and I/we agree to pay for a 15-minute consultation at the agreed rate. PROVIDED ALWAYS that should there be good reason for my/our non-attendance, and where I/we advise Gosling International of my/our inability to attend such appointment at least two hours before the agreed time, no fee will be charged.

Yours faithfully

**Name of Client/
Parent/Guardian**

**Signature of Client/
Parent/Guardian**

Date

Name of Spouse/Partner
(If joint interview)

Signature of Spouse/Partner

Date