



WOMANSCOACH COUNSELLING

Sterna Althaus, Dip Couns | althaus613@gmail.com | 0408613770

Counselling Agreement with Mrs. Sterna Althaus

DIP COUNS - 0408613770 | MEMBER OF THE ACA

Client Name: _____

Your investment includes a minimum of _____ sessions of support, coaching and personal development resources. It includes limitless email support, 'laser' counselling as needed as well.

Schedule: 6-12 weekly sessions of counselling commencing on: _____.

Procedure:

- Face-to-face Counselling:
 - 16 New Street Bondi
 - 1 Newland St Bondi Junction
- Virtual Counselling: *Client makes the call at the agreed time.*
 - Phone: 0408613770
 - Skype: Shternie.althaus1

Changes: Rescheduling or cancellations of appointments should be conducted at least 24 hours before the planned date, to avoid a full fee charge for the missed session.

Your Package: Please feel free to email me or text me to share insights or challenges you may experience.

Confidentiality: I recognize that anything the client shares with me is confidential, whether it is business or personal information. I undertake not to, at any time, either directly or indirectly use or disclose any information the client shares with me in a session, unless it is information about a client harming themselves or others or if the information is subpoenaed by court orders.

Expiry: The client may continue beyond the 12 week commitment by signing on for either another 6-12 week package or a more casual agreement of monthly packages.

Client Signature: _____ Date: _____

Date of Commencement:

All fees payable to Commonwealth Bank

Account Name: Sterna Althaus BSB 062-000 Account: 1648 2098