

Welcome to Robert Brain Coaching Services. By now we have met or talked by phone and agreed that coaching offers an exciting and practical opportunity for change and growth. To optimize our coaching relationship it is important that we share the same understanding about how we will work together.

Basic Shared Agreements:

- I recommend a coaching duration of 8 weekly or fortnightly sessions. In my experience this 2 or 3 month duration can result in real change of habits, thinking patterns and behaviour. It is important that you recognize that change is hard work, and that it takes time and commitment.
- Each session is between 60 and 90 minutes in length and takes place either face to face, or by telephone.
- You are responsible for any long distance charges incurred during telephone coaching.
- I will invoice individual sessions at the end of each month. Coaching packages will be invoiced prior to our first session.
- If you are unable to attend a scheduled session then please provide at least 24 hours notice.
- Sessions are held at my premises in Muizenberg, at an agreed venue or via telephone. The choice of venue is important to avoid distractions and protect confidentiality.
- You are welcome to contact me between sessions via email (rob@robertbrain.co.za). Our relationship is collaborative. I will listen, ask questions, make observations and suggest resources that may be useful to you. You are welcome to challenge and question, and to bring new ideas and resources to our sessions. Your questions and comments are an important part of the process.

I have read and agree to the working agreements above, and will honor them during our coaching relationship.

Client (Print/Sign)

Date

CLIENT INTAKE

Please complete the following information and email it back to me (rob@robertbrain.co.za) before our first session.

Name:	
Street Address:	
City/State:	
Country	
Postal code:	
Email	
Phone	
Name of Employer and Position:	
Name of Spouse/Partner	
Name and Ages of Children:	
What issues are top of mind for you at the moment?	
Where did you hear about Robert Brain Coaching Services?	

Please append additional notes where necessary.

STATEMENT OF INTENT

All coaching services delivered by Robert Brain are meant to challenge, encourage, and support you psychologically. However, coaching is not psychological counselling or any kind of therapy. Coaching does not treat illness or pathology. The coaching relationship is designed and defined by each respective client and coach and the relationship is based on your expressed goals, interests and objectives. I will use discussion, feedback and questions to assist you to identify personal and/or business goals, develop strategies and action plans intended to achieve such goals, and monitor progress towards implementation of the action. Please read the following and sign below should you agree to each statement and wish to proceed:

- I understand that the coaching relationship is not psychological counseling or any kind of therapy. Coaching does not treat illness or pathology.
- I understand and agree that I am fully responsible for my wellbeing during and subsequent to our coaching relationship, including my choices and decisions.
- I am aware that coaching results cannot be guaranteed.
- I agree to indemnify Robert Brain and Robert Brain Coaching Services cc (the Coach) from all liability for any actions or adverse situations created as a direct or indirect result of the coaching process, or of a referral or other advice given by the Coach. I acknowledge and agree that in the course of the coaching services the Coach may ask questions that may be personal, challenging or disturbing. I waive and release any claims arising or resulting from such questions, actions or services, except in respect of a breach by the Coach of his obligations regarding confidentiality of the sessions as outlined under the heading 'Confidentiality Agreement' below.
- I agree to have a conversation with the coach regarding any decision to exit the coaching relationship prior to the completion of the contracted term, and to review the learning and changes that have taken place. I remain responsible for the payment of the sessions conducted up to and including this review session.

I have read the statements above and I understand and agree with the points contained therein:

Client Signature and Date

RELEASE OF RELEVANT TREATMENT INFORMATION

I authorize Robert Brain to contact any health care professionals that I am currently working with.

I am currently undergoing treatment and/or therapy with the following individuals (e.g., medical doctor, psychotherapist, counselor, nutritionist, psychiatrist, or any other medical professional):

Name	
Contact Information	
I am currently on medication (type):	
In the past I have been on the following medications (types/duration/date of disuse):	

Please append additional notes where necessary to provide complete information.

I have informed any psychotherapist of psychiatrist, listed above, that I am in a coaching relationship with Robert Brain and advised him/her/them that our work is not therapeutically based.

I understand, and agree, that Robert Brain does not represent himself as anything other than a trained coach.

Agree: _____ (please initial)

Not Applicable _____ (please initial)

I, _____, am fully disclosing this information and am not withholding information that is pertinent to my care.

Signature _____ Date _____

CONFIDENTIALITY AGREEMENT

Coaching sessions are confidential. Information regarding coaching sessions will only be released with your consent, except in the following circumstances where I am obliged to break our confidentiality agreement:

- During our coaching sessions I become aware that child or elder abuse or neglect is taking place.
- In my presence you threaten to harm or kill another individual.
- If during our coaching relationship I am convinced that you are a danger to yourself then I will advise you of this and where necessary contact police and family members