

Julia Samworth

Feeling Free, Being Me Psychotherapy & Ecotherapy

3 Greenacres, Wingrave, Buckinghamshire, HP22 PW

Email: jsamworth@gmail.com

Telephone: 07547 981005

IN PERSON ECOTHERAPY CONTRACT

You must be over 18 years old (at the time sessions start)

Outdoor Counselling has lots of benefits, both to the therapeutic process and in general health and well-being for lots of people.

Please consider the following and if you are happy, sign below:

- You will need to take responsibility for yourself with regards your health and any medication you might need must be brought with you e.g., inhaler for asthma, sunscreen, EpiPen etc. Please advise me of any health issues prior to our first Walk and Talk appointment.
- Be prepared for the weather! Wear suitable coats, hats, shoes/boots, sunscreen etc.
- Please bring your own drink with you.
- Let me know if there are any specific considerations I need to take into account, e.g., fear of dogs, accessibility, allergies.
- At our first meeting(s) (indoors / online) we will discuss a route with weather, time and health in mind.
- It is possible one of us may see someone we know when we are out. We will discuss how you are most comfortable with handling this. I will prioritise confidentiality and will give no more than a brief acknowledgment.
- We will walk, pause, sit on a bench, take in views and engage with the environment to suit your mood and at your pace. I will balance this whilst holding the therapeutic intent of the session.

Following the initial outdoor session, we will discuss how working outdoors has been for you and whether you would like to book further sessions either indoors, outdoors or online. I am happy to work outdoors in most conditions. If I think there is a risk to either of us (e.g., ice, storms) I will contact you beforehand to discuss alterations to the session.

By sending your data to me, you are consenting to it being used to create a client record.

This agreement is fully understood and agreed upon and is signed as it stands by:

Client Name.....

Client SignatureDate DD/MM/YYYY.....