



Gregory Fisher Professional Services Ltd

Parental Consent Form

Young Persons Details

Full Name:			
Address:			
		Postal Code:	
School:			
Referred By:			
Date of Birth:		Year:	
Referral Reason:		School Attendance:	
Referral For:			

Parental Responsibility Contact Details

Name:	
Address:	
Email Address:	
Relationship:	
Total Cost Payable By The Parents:	

Dear Parent/Carer:

Gregory Fisher Professional Services Ltd as a qualified and insured wellbeing, counselling and life coaching service has been asked to support your child's needs to offer health, nutrition, exercise referral and/or counselling (life coaching) services, and we feel it would be beneficial for your son/daughter to see one of our coaches/counsellors on a weekly basis.

The sessions will be run on days and times as notified to you; occasionally there is a waiting list, but we aim to allocate young people to a coach/counsellor within four weeks. The sessions will run for approximately 6 sessions subject to reviews by the coach/counsellor and the young person. Unless any "total cost payable by the parents" is specified above, then the fees will be covered by the referring organisation or school.

Counselling, Psychotherapy and Life Coaching cover a range of talking therapies to improve the health and wellbeing of young people. People can talk about their feelings, choices of behaviour and are able to make positive changes to their lives.

Nutrition, Wellbeing and Exercise Referral covers a range of topics and activities to improve the health and wellbeing of the young person, including healthy diets, cooking, exercise programming and/or medical screening. We also provide specialist young peoples sexual health and stop smoking services.

As your son/daughter is under the age of 14, we do require permission and ask that you grant parental permission by signing the declaration and agreeing to the statements below.

- I understand that this is a confidential service, and I will not be privy to the conversations between my child and the coach/counsellor unless there is an identified risk that could result in my child harming themselves or another.
- I give consent for the coach/counsellor to share information with the referring organisation and/or the child's school with relevant staff to better support the young person.
- I understand that in the event of a child protection (safeguarding) or prevent concern, the coach/counsellor, on behalf of Gregory Fisher Professional Services Ltd may inform the necessary and relevant authorities.

I give my child permission to access the following Gregory Fisher Professional Services Ltd Services:	
Counselling and/or Life Coaching	
Exercise Referral, Nutrition and/or Health & Wellbeing 365 Programme	
Sexual Health Advice Services	
Stop Smoking Services	

Parent/Carer Name

Parent/Carer Signature Date