



Solutions

Making Your Workplace Better

Face-to-Face or Online Counselling Session

Basic Information

Name and Surname	
Contact Number	
Emergency Contact number	
Company	
Employee Number	

Acknowledgement and Consent

Upon signing below, you are indicating that you agree and give consent to the offered counselling services.

Information revealed by you during counselling sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

1. There is evidence that you may harm yourself
2. There is evidence that you may harm others
3. There is evidence of child abuse

If you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may contact the Health Professions Council of South Africa to file a formal complaint.

Signature

Date