

Christensentrum AGS Elspark

BERADING REGISTRASIE

Kingfisherlaan 84
Elspark
1428
johan@christensentrum.co.za

Afsprake / Kansellaries

Debbie Nortjé
083 355 5964

As Mev. Nortjé nie beskikbaar is nie, los asseblief 'n WhatsApp boodskap.

Bankbesonderhede

Rek Naam J.G. Klopper
Bank Nedbank
Rek Nommer 1091655707
Takkode 193642
Verwysing Van & Voorletters

Sessie 1: Gratis

Daarna: R250 per session

Langtermyn Terapie: R100 per sessie

Die langtermyn tarief is van toepassing na die eerste twee maande.

Kliënt se Persoonlike Inligting					
Volle Name					
Van					
ID No					
Eggenoot se Naam					
Kinders	Naam				Ouderdom
Kontakbesonderhede	Tel (Primêr)	Tel (Werk)		E-Pos Adres	
Huwelikstatus	Ongetroud	Verloof	Getroud	Geskei	Ander
Preferred Language	Afrikaans	English			
As jy onder 18 is	Het jou ouers/voogde toestemming gegee vir die afspraak?			Ja	Nee
Woonadres					
Verantwoordelike Persoon se besonderhede <i>(Indien verskil van die kliënt)</i>	Volle Name				
	Van				
	ID No				
	Tel (Primêr)				
	E-Pos				
Woonadres van die Verantwoordelike Persoon					

AGREEMENT

1. I will be punctual for my appointments.
2. Should I foresee that I will be late for my therapy session, I will phone the pastor timeously to make an alternative arrangement.
3. If I arrive more than fifteen minutes late for my session without having informed the pastor, I understand that the pastor may not be available and that I will be liable for the full consultation fee for that session.
4. Should I cancel within twenty-four hours before a scheduled therapy session, I will be liable for the full consultation fee for that session.
5. If I have not duly cancelled a therapy session, and I do not show up for the session, I will be liable for the full consultation fee for that session.
6. I understand that the duration of a session is normally 40-60 minutes.
7. I understand that the therapeutic process necessitates continuity and cancellations are disruptive and counterproductive.
8. I understand that preparatory conditions may be prescribed by the therapist, and I agree to abide strictly by these conditions.
9. I understand that "homework" may be given after a session and I agree to do it mindfully.
10. Information shared during sessions is subject to client-therapist privilege and will only be disclosed if the client consent to it in writing.
11. The pastor will also respect my time by being punctual for every session.
12. I understand that neurosis can be complex and may involve deep counselling over a prolonged period involving several months. Should this be necessary, a reduced fee can be negotiated to keep costs reasonable for the client.
13. I understand that the therapeutic process may be rendered ineffective if I simultaneously undergo any other form of counselling.
14. I understand that no outcome can be guaranteed and that the counselling process is predicated on incalculable variables.
15. The pastor agrees to be honest with me and not prolong therapy beyond his ability to help and will at that point make a referral.
16. I agree to pay all fees due, on the day of my appointment or make an alternative arrangement with the pastor.
17. In case of legal proceedings for recovery of outstanding fees, I hereby consent to pay all costs on attorney and client scale and/or costs to be placed on ITC / blacklisted with the credit bureau whichever is first.
18. I accept the residential address given on this form as the domicilium citandi et executandi of the Responsible Person.

I acknowledge and understand the above agreement.

Signed on the day of, 20..... at

Client Signature

Full Name and Surname

Responsible Person / Parent Signature

Full Name and Surname

Witness

Full Name and Surname