Qualified Practitioners (counsellors/psychotherapists/ psychologists).

Registering body:

Year of Qualification:

Students/ Trainees (counsellors/psychotherapists/ psychologists).

Training institution:

Course:

Other professions: Please specify your role and work place

**Confidentiality Agreement**

*I understand and agree that all clinical material and discussion is confidential to this course and I must not discuss or share it elsewhere.*

Signed Dated