

Welcome to WINvicta coaching practice. This document constitutes a Document of Understanding between us. You should read it carefully and raise any questions and concerns that you have before you sign it or return the digital copy to your coach.

Client Information

Client Name: _____ DOB: _____

Address: _____

Phone: (home) _____ (cell) _____

(work) _____ (e-mail) _____

Referred by: _____

Fee \$ _____ per session

Coaching starting date _____ session time _____

Duration of each session _____

Frequency of sessions _____

Roles and responsibilities

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional wellbeing during and after my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that “coaching” is a Professional-Client relationship I have with my coach that is designed to help me with the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. In a coaching partnership, you set goals and drive the direction for actions. Your coach’s job is to share observations and give feedback. Through the process, you finding solutions to your own goals and your coach can share wisdom, action steps, counsel and advice, but cannot ‘do it’ for you.

4. If you don't feel your coach is providing the appropriate help that you need, it is your responsibility to discuss the issue with the coach.
5. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
6. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
7. If I am on any prescribed psychotropic medications or currently in therapy or otherwise under the care of a mental health professional, I promise that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware and approves of my decision to proceed with the coaching relationship.
8. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
9. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training or consultation purposes.
10. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

Financial Agreement

I understand that payment is expected before or at the time of service.

I understand that I will be responsible for full payment if I do not give 24 hours notice of cancellation or change of appointment.

I have read and agree to the above.

Signed: _____ Date: _____