

Life Change Coaching

with Dr Tracie O’Keefe DCH

Contract

Terms and Conditions of Service

To the client: Please review this form, then complete, sign, and return it to me by fax 48 hours before your first coaching session.

Name.....age (I am over 18).....
Address.....
State.....Country.....Post/Zip code.....
Phone (inc country and area code).....Mobile.....
Fax.....e-mail.....
Number of Sessions Booked.....Number of hours agreed.....
Hourly Rate (AUD).....Total amount paid in advance (AUD).....
Credit card number.....Expiry date.....
CCV2 number (last 3 digits on the BACK of your card).....Type of Card.....

1. I understand that each coaching hour consists of 45 minutes talk time with the coach and 15 minutes research and note taking.
2. I agree that any extra time that goes beyond the session will be charged by half hourly blocks at the pro-rata hourly rate by mutual agreement in advance.
3. I the client agree to make and pay for all the telephone or videophone calls. I also agree to pay for any operator services and bridging conferencing fees.
4. I will pay all coaching fees in advance.
5. I agree to follow up and perform any work assignments set for me.
6. I understand that all coaching sessions will be conducted by Dr Tracie O’Keefe DCH and no substitutes will be provided.
7. I understand that Life Change Coaching consultancy does not substitute for counselling, psychotherapy or any mental health services. I am/am not (delete as applicable) under the care of a mental health professional. If I am under the care of a mental health professional I have discussed my entering into this Life Change Coaching consultancy and we have agreed it would be suitable.
8. As a client, I understand and agree that I am fully responsible for my well-being during my calls, including my choices and decisions.
9. I understand that Life Change Coaching is a relationship and consultancy I have with my coach that is designed to facilitate the creation and development of personal,

professional or business goals and to develop and carry out strategies and plans for achieving those goals.

10. I understand that Life Change Coaching is a comprehensive process that may involve all areas of my life, work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.

11. I understand that all information I disclose is bound by a clause of confidentiality and will not be disclosed to any persons under any circumstances except by a court order upon a crime being committed. I understand that my Life Change Coach is bound by a code of confidentiality that requires them to keep all my disclosures confidential. I also understand that three years after my consultancy has ended, the Life Change Coach will destroy my records and release them to no other persons.

12 I understand that Life Change Coaching is not to be used in lieu of professional advice. I will seek 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 responsibility.

7, I understand if I cease Life Change Coaching once it has commenced, no refund will be due.

8. I have read through the document 301 entitled Policies & Procedures and agree to conduct and abide by those terms for the purposes of this contract.

I have read through and understood the terms of this contract and agree to abide by them for the purposes of this Life Change Coaching agreement.

I authorise the Life Change Coach, Dr Tracie O’Keefe DCH to deduct the amount specified above from my credit card for Life Change Coaching.

Client Signature.....Date.....

FAX THIS FORM BACK TO +61 (0) 2 9562 6801

Dr Tracie O’Keefe DCH, Life Change Coach, Australian Health & Education Centre, 3 Glebe Place, Glebe, NSW, Australia.
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