

AGREEMENT FOR RECOVERY WELLNESS PROGRAMME

This agreement for the Recovery Wellness Programme is entered into on this

day of by and between _____ (Coach), and

_____ (Client) on _____ (Date).

The client requests the coach to provide coaching services as follows:

OBJECTIVE OF RECOVERY WELLNESS PROGRAMME

The objective of the Recovery Wellness Programme is to enable the client to identify personal, recovery and/or business goals, develop strategies and action plans intended to achieve such goals, and monitor progress towards implementation of the action plans through coaching methods.

THE NATURE OF COACHING

The client is aware that the coaching relationship is not psychological counselling or any kind of therapy. Coaching does not treat illness or pathology. The coaching relationship is designed and defined by each respective client and the coach, and the relationship is based on the expressed goals, interests and objectives of that client. The coach will use discussion and questions to assist each client to identify personal, recovery and/or business goals, develop strategies and action plans intended to achieve such goals, and monitor progress towards implementation of the action plans. The coach and client are also aware that coaching results cannot be guaranteed. The client and coach acknowledge and agree that they are entering into coaching in the full understanding that the client is responsible for their own decisions and results.

PRIMARY FOCUS OF GROUP COACHING SESSIONS

The client is free to discuss any area of recovery, life or business with the coach and group at large. The primary focus of the sessions will be contracted up-front by client and the coach. The client and the coach acknowledge that deciding how to handle these issues and implement these choices is exclusively the responsibility of the client and NOT that of the coach.

CONFIDENTIALITY

The client within the group and coach agree that all personal, recovery and business-related information disclosed during the coaching sessions will be treated as confidential, and will not be shared with any persons outside of the coaching relationship without the client's prior consent. The client and coach agree that all personal information disclosed during the coaching sessions will be treated as confidential, and will not be shared with any persons outside of the coaching relationship, for example family members and employers, without the client's prior consent.

LENGTH OF RECOVERY WELLNESS PROGRAMME

The agreed length of the Recovery Wellness Programme is for the core coaching programme which is delivered over a 15-session period. After this the client has access to the programme for the remainder of 12 months. The programme consists of live and online groups and times will be communicated accordingly. This is due to the current situation with COVID-19 in the area and having to be flexible with the times at the moment.

In order to ensure that clients are getting the most support possible, there are six individual coaching sessions included in the programme for personal recovery growth and development. These sessions will be arranged at a time that is mutually suitable for the client and coach and can be conducted live or face-to-face.

LOCATION

The location of all coaching sessions will be at **The Foundation Clinic, 41 Pretoria Street, Oaklands**. Or using a private Zoom account for video sessions.

FEE CHARGED

The cost of the programme is **R14,950.00**. The full cost of the programme needs to be paid prior to starting the programme unless financial arrangements have been made to the contrary. In this case an acknowledgment of debt will be signed and failure to make the arranged payments will be handed over for debt collection. There are **NO REFUNDS** as the basis of the programme is the initial 15 sessions, and clients are welcome to remain the programme for 12 months. The cost of the Outpatient programmes are NOT covered by medical aids and need to be settled privately.

CANCELLATION

You are encouraged to attend as many sessions as possible in the first 3 weeks of the programme. We understand that the nature of professional and personal commitments may prevent this. Any missed sessions can be made up in the future rotation of the programme, but due to the dynamic nature of Recovery Coaching no assurances can be made as to the content or theme of the makeup sessions.

EXIT AND REVIEW OF COACHING RELATIONSHIP

The client agrees to have a conversation with the coach regarding the decision of that client to exit the Recovery Wellness Programme and coaching relationship prior to completion of the contracted term, and to review the learning and changes that have taken place. The client remains responsible for the payment of the programme and no refunds will be issued but is invited to attend additional sessions if they wish to make up the remainder of the course.

WAIVER

The client agrees to indemnify the coach from all liability for any actions or adverse situations created as a direct or indirect result of the coaching process, or of a referral or other advice given by the coach. The client acknowledges and agrees that in the course of the coaching services the coach may ask questions which may be personal, challenging or disturbing. The client and the client waive and release any claims arising or resulting from such questions, actions or services, except in respect of a breach by the coach of his/her obligations regarding confidentiality of the sessions as outlined under the heading 'Confidentiality'.

Clients understand and acknowledge that the Recovery Wellness Programme is a coaching programme and is not intended to replace medical, psychiatric or psychological treatment. Clients who are using habit-forming substances may need to seek medical advice regarding their substance use in order to ensure safe medical procedures are followed around the cessation of using habit-forming substances.

THE ROLE OF THE COACH IS TO:

- be a thinking partner, walking alongside the client on this journey.
- ask questions that result in the client identifying new ways of thinking and exploring new approaches and options
- create a safe space that encourages exploration and openness – a space of non-judgement
- be honest and strive to work with integrity

- communicate openly, sharing and reflecting back observations
- make explicit any observations or issues that are more appropriately and ideally explored by a counsellor/therapist
- hold the focus of the sessions in line with the SMART goals that the client sets for her/himself

THE ROLE OF THE CLIENT IS TO:

- own the process
- hold an awareness of exploring areas that feel ok for exploration
- be committed to the forward action movement that coaching will bring
- be committed to spending time in reflection and to put their reflections and learnings in writing for future reference
- take responsibility for the decisions taken
- be accountable to self
- be honest with self
- hold an understanding that adult learning is a process and involves change
- provide feedback to the coach at the completion of the coaching programme

We agree to the terms and conditions contained in the above contract

Client: _____

Coach: _____

Date: _____

CONFIDENTIALITY AGREEMENT

I, _____, understand that in order for the Foundation Recovery Coaching Programme to be effective it is crucial that a high level of trust exists within the group, between the group members and the recovery coaches.

It is therefore imperative that a strict adherence to confidentiality and anonymity exists in this programme. I agree therefore that under no circumstances will I divulge any part of what occurs, that is of a confidential and delicate nature, at The Foundation Clinic | Addiction Recovery Solutions or in the Recovery Wellness Programme to anyone outside the facility or programme.

Signed: _____ Date: _____

CLIENT CONTACT DETAILS	
Name:	Cell Phone:
Email Address:	
In Case of Emergency CONTACT DETAILS	
Name:	Cell Phone:
Email Address:	
Person Responsible for Account	
Name:	ID NUMBER:
Cell Phone:	Email Address:
Physical Address:	Payment Method: <input type="checkbox"/> CASH <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> AOD Signed + ID COPY

Payment Received By: _____

Date: _____