

Neda O'Donovan
Certified Play Therapist
Leeds Beckett University
Play Therapy International membership number 201601577
Tel: 0721282308 EMAIL: neda@odonovan.co.za



Information Sheet & Therapy Services Agreement - Little Seeds Play Therapy

Details of child to be seen:

Firstname: _____ Surname: _____

Date of Birth: ____/____/____ Referred by: _____

Residential address of child _____

Mother's name: _____

Cell(number): _____ Work/home _____

Email: _____

Father's name: _____

Cell(number): _____ Work/home _____

E-mail: _____

School: _____

Class Teacher: _____

Person responsible for the account:

Title: _____ Initials: _____ Surname: _____

ID. numer: _____

Postaladdress: _____

Residential address: _____

Consent:

Please tick below as appropriate:

I am the legal guardian of the child	Yes	No
I give consent for the therapist to contact the child's class teacher	Yes	No
I give consent for the therapist to contact the referral source	Yes	No
I give consent for _____(child' name) to attend Play Therapy with Neda O'Donovan	Yes	No

Initial:_____

Therapy Services & Fees

Therapy service: Play Therapy

Frequency of parent review: Six-weekly

Cost per Appointment: R400

Cost for Initial Interview: R400

Cost for Reviews: R400

Cost per Report: R400

Assessment Report Required? Yes/No

End Report Required?: Yes/No

Initial:_____

Terms and Conditions:

1. Play can be messy please could you provide an old t-shirt that your child can put over school uniform to avoid messing on school clothes. The therapist takes no responsibility for paint and other play materials on children's clothing and footwear.
2. The number of appointments offered is based on the scores generated by validated clinical assessment measures and a detailed case history given by the referrer.
3. Research shows that children almost always get worse before they get better. Play-based therapy is not a quick-fix. Play is the language of children and ideal to help them process difficult thoughts and feelings spilling out into worrying or unwanted behaviours.
4. Late arrival of up to 15 minutes can be accommodated but sessions will finish at scheduled time.
5. 24 hours notice is required to cancel or postpone an appointment. The session fee is payable where this notice period is not given.
6. This is a cash practice and you are responsible for paying the account. An invoice will be provided at the end of every month and payment can be made via EFT within 24 hrs.
7. Should parents be divorced or separated it is always in the child's best interest to have both parents involved in the therapeutic relationship. In these cases, one of the parents must accept responsibility for the account as agreed by both parents. Without written agreement from both parents regarding responsibility for the account, therapy will not commence. No split invoices or split payments will be accepted.
8. Therapeutic processes differ from forensic assessments. Information gathered during therapy is not to be used for legal purposes.
9. It is imperative that a child's confidentiality be respected. The therapist strives to respect the child's inner world when giving feedback on progress in therapy.
10. Should the therapist at any time suspect that your child is being abused or neglected she is obligated by law to report this to a social worker (statutory) or the South African Police Services.
11. Research shows that at least 80% of children show improvement through play-based therapy. However, therapy is reviewed regularly and can be stopped by therapist, child and parent/carer in the best interest of the child. Where early ending is agreed a minimum of four further sessions will take place to bring the therapy to an end.
12. Where an End Report is included in the therapy services offered, this will be sent to parents/carers within 4 weeks of the final appointment.
13. The therapist works with full clinical supervision and within a strict ethical framework. Details of the ethical framework can be found at <http://www.playtherapy.org.uk/Standards/EthicalFramework/EthicalFramework1.htm>

I have read and accept the terms and conditions as stated above.

Name (Print:) _____(Parent/Guardian)

Signature: _____Date: _____