

# Beautiful mind Coach



NAME	<input type="text"/>	DOB	<input type="text"/>
ADDRESS	<input type="text"/>	OCCUPATION	<input type="text"/>
EMAIL	<input type="text"/>	TEL	<input type="text"/>

## HOW DID YOU FIND BEAUTIFUL MINDS COACHING?

WORD OF MOUTH  SOCIAL MEDIA  RECOMMENDATION FROM A FRIEND

## COACHING AGREEMENT

AS A CLIENT, I UNDERSTAND AND AGREE THAT I AM FULLY RESPONSIBLE FOR MY PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING DURING MY COACHING CONVERSATIONS, INCLUDING MY CHOICES AND DECISIONS. ALL COACHING TOPICS/ISSUES FOR DISCUSSION ARE MY CHOICE. I AM AWARE THAT I CAN CHOOSE TO DISCONTINUE COACHING AT ANY TIME.

I UNDERSTAND THAT MY COACH WILL COACH IN A MANNER WHICH REFLECTS THE ICF CORE COMPETENCIES AND UPHOLDS THE ICF CODE OF ETHICS, AS WELL AS THE BCC CODE OF ETHICS INCLUDING BUT NOT LIMITED TO MAINTAINING CONFIDENTIALITY OF ALL MY CLIENT INFORMATION UNLESS I STATE OTHERWISE, IN WRITING, EXCEPT AS REQUIRED BY THE LAW.

I UNDERSTAND THAT COACHING IS A RELATIONSHIP WITH MY COACH THAT IS DESIGNED TO FACILITATE THE CREATION OF ACADEMIC AND PERSONAL GOALS AND TO DEVELOP AND CARRY OUT A STRATEGY/PLAN FOR ACHIEVING THOSE GOALS.

I UNDERSTAND THAT COACHING IS A COMPREHENSIVE PROCESS THAT MAY INVOLVE ALL AREAS OF MY LIFE, INCLUDING WORK, FINANCES, HEALTH, RELATIONSHIPS, AND RECREATION. I ACKNOWLEDGE THAT DECIDING HOW TO HANDLE THESE ISSUES AND IMPLEMENTING MY CHOICES IS EXCLUSIVELY MY RESPONSIBILITY.

I UNDERSTAND THAT COACHING DOES NOT INVOLVE THE DIAGNOSIS OR TREATMENT OF MENTAL DISORDERS AS DEFINED BY THE DSM-IV PUBLISHED BY THE AMERICAN PSYCHIATRIC ASSOCIATION. I UNDERSTAND THAT COACHING IS NOT A SUBSTITUTE FOR COUNSELLING, 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.

I WILL NOT USE COACHING AS A SUBSTITUTE FOR COUNSELING, PSYCHOTHERAPY, MENTAL HEALTH CARE OR SUBSTANCE ABUSE TREATMENT. I RECOGNIZE THAT I AM SEEING THIS PROFESSIONAL AS A COACH AND NOT A LICENSED MENTAL HEALTH PROFESSIONAL, ADVISOR, CONSULTANT OR MENTOR.

I GIVE MY COACH PERMISSION TO KEEP A CONFIDENTIAL RECORD OF MY NAME, AND CONTACT INFO IN ORDER TO MEET THE REQUIREMENTS FOR COACH CREDENTIALING BY THE INTERNATIONAL COACHING FEDERATION: ICF: WWW.COACHFEDERATION.ORG. I AGREE TO ALLOW MY COACH TO DOCUMENT COACHING HOURS WITH ME FOR SUBMISSION TO THE ICF FOR CERTIFICATION AS A COACH.

I UNDERSTAND THAT COACHING IS NOT TO BE USED IN LIEU OF PROFESSIONAL ADVICE. I WILL SEEK PROFESSIONAL GUIDANCE FOR ADVICE REGARDING ACADEMIC, 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.

I HAVE READ AND AGREE TO THE ABOVE

COACHING CLIENT SIGNATURE

DATE

