**Working in Partnership Agreement**

This is an agreement between the Play Therapist and the Parent/Carer

Play Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To enable the client-therapist relationship to develop in both trust and strength, there needs to be a few details from the parent/carer that must be kept. These need to be held by the parent/carer to support the development of the process, which in turn, will provide the best possible outcome for the child.

During the process, please ensure the following;

* Acknowledgement that the child may feel a little sensitive after a session
* Acknowledgement that the child may feel worst before healing begins
* Acknowledgement that the process is not a magical cure and will take time
* Acknowledge and respect for the child’s confidentiality about sessions

Each of these points is as valuable as the next. Without these in place and respected the process within the child will be affected. It is the schools responsibility to support the safety of the space within school.

**Please try to inform the therapist of any planned or unplanned absences.**

If a child protection issue presents itself then the therapist will terminate therapy and follow the guidelines of West Sussex Child Protection Procedures. The process will ensure immediate collaboration with the schools Child Protection Officer.

Supervision is used to educate, support and manage the client-therapist process. Any concerns that cannot be managed with the therapist directly can be taken to the therapists’ supervisor, in confidence. An email can be sent to kmacairt@hotmail.com where Kate Macairt will be there to guide the complaints procedure.

Name of child: ………………………………

Name of parent: ……………………………… Signed: …………………………….

Name play therapist: ……………………………… Signed: …………………………….