**New Client Form**

**Welcome to A2Z Coaching and Workplace Consulting!**  
We’re excited to support you on your journey. Please fill out this form to help us understand your needs better.

**Personal Information**

**Full Name:**

**Date of Birth:**

**Contact Number:**

**Email Address:**

**Coach Matching**

**What would you like your coach to focus on? (please circle or highlight)**

General Emotional Support

Mental Health

Parenting/Carer Support

Conflict Management

Other *(Specify)*:

Performance

Goal Development

Value Alignment

Life Transitions (Education, Career, Divorce, Retirement)

**Background Information**

**Have you worked with a coach and/or therapist before?**

Yes

No  
If yes, please share your experience:

**Emergency Contact Information**

**Full Name:**

**Date of Birth:**

**Contact Number:**

**Referral Information**

**Were you referred by a current client or a referral partner of A2Z Coaching and Workplace Consulting? List their name or business below to receive a discount off your first session.**

**Consent**

**I consent to the use of my information for coaching services.**

**Client Signature:**

**Date:**

**Service Agreement**

**This Service Agreement (“Agreement”) is made between A2Z Coaching and Workplace Consulting and the Client.**

**1. Services Provided**

A2Z Coaching and Workplace Consulting agrees to provide individualised coaching and/or consultative services at the request of the client.

**1.1. Coaching Service options**

**Single Session:**

Duration**:** Each session will last approximately 50 minutes. Unless client requests alternative duration.

Frequency: Client & Coach will determine the frequency of sessions as it relates to availability and client needs.

Location**:** Sessions will be held online, via phone, or at an agreed location prior to the coaching session. The client is responsible to confirm location 48 hours prior to their scheduled session.

**1.2. Consultation Services**

Consultation services will be provided following a written quote outlining service and the associated fees.

**3. Fees and Payment**

* **Single Session Fee:** The fee for each session varies depending on workplace agreements, referral discount, and service terms. Please confirm your fee prior to your coaching session. A2Z Coaching and Workplace Consulting does not bulk bill or offer Medicare services. Services may be eligible under the NDIS, please consult with your plan manager.
* **Payment Method:** Payments can be made via electronic bank transfer following each coaching session.
* **Payments are not eligible to be refunded.**

**4. Cancellation Policy**

* Clients must provide at least 48 hours’ notice for cancellations of a single session. Late cancellations may incur a fee of $170. If the client cancels 3 or more sessions this agreement may be terminated.

**5. Confidentiality**

All information shared during coaching sessions will remain confidential, except as required by law. Client information including relevant documents will be shared with the client and/or referrer prior to being deleted once agreement is terminated.

**6. Agreement Duration**

This Agreement will commence on the date signed and will continue until terminated by either party with written notice.

**7. Client Responsibilities**

The Client agrees to actively participate in the coaching process and communicate openly.

**By signing below, the Client agrees to the terms outlined in this Service Agreement.**

**Client Name:**

**Service Requested:**

Single Coaching Sessions

Consultation (Request service quote)

**Client Signature:** **Date:**