Keep loving & Keep Going

Agape_Reflections

Wellness Counselling

NO-HARM & SAFETY AGREEMENT

CLIENT DETAILS

Full Name: _____

Date: _____ Contact No.: _____

MY SAFETY COMMITMENT

I understand that my safety is important and that counselling is a safe space where I can speak openly about my thoughts, feelings and difficulties.

I agree to:

- Be honest with my counsellor about thoughts or feelings of self-harm or harm to others.
- Take reasonable steps to keep myself and others safe.
- Contact my counsellor or an appropriate emergency/support service if I feel unable to remain safe.
- Remove myself from situations or access to things that may increase my risk of harm, where reasonably possible.
- Reach out to a trusted person when I need additional support.

IF I FEEL UNSAFE

If I experience thoughts, urges or plans to harm myself or another person, I understand that I should seek immediate professional or emergency assistance and should not rely solely on this agreement or counselling sessions.

My trusted support person:

Name: _____

Relationship: _____

Contact: _____

CLIENT ACKNOWLEDGEMENT

I understand that this agreement is intended to support my safety and does not replace professional assessment, emergency assistance, or appropriate crisis intervention.

I agree to communicate honestly about my safety and to seek immediate help when necessary.

Client Name: _____

Client Signature: _____

Date: _____

COUNSELLOR

Counsellor: **S. MASHININI (ASCHP)**

Reg. No.: **10878**

Signature: _____

Date: _____