

# **Biodynamic Craniosacral Therapy: Practice Client Agreement**

**Name of Practice Client:**

**Address:**

**Telephone:**

**Email:**

I understand that the student named below is training as a Biodynamic Craniosacral Therapist on a course run by Body Intelligence Training.

As part of the training, I understand that students are required to do free practice session with people who agree to be practice clients. These sessions are primarily for the student to learn about how the body expresses different motions and patterns, as part of their learning.

To this end, I will endeavour to turn up for sessions booked and offer feedback to help with the student's learning.

I understand that due to the nature of the work my own healing process may emerge in the practice sessions and it may be beneficial to me to gain additional support and treatment from a qualified therapist.

As a practice client, any benefits I gain from these practice sessions are part of the nature of this work, and requires no payment.

As this is a training requirement, I understand that the student may submit and discuss my case notes with the course tutor.

I acknowledge that any information collected as part of my notes, remains private and confidential. Only the student treating me and the tutor team will have access to this information (within the guidelines set out above).

**Signature of Client:** \_\_\_\_\_

Date: \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

Date: \_\_\_\_\_

