



# National Redress Scheme in Queensland

## Confirmation of Counselling Session

**I confirm that I accessed redress counselling today**

Signature: \_\_\_\_\_

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

**I confirm that I delivered redress counselling today**

Name of service provider: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Virtual session (phone, skype, etc.) - client unable to sign.

Office use only

Details below must be completed by the counselling and psychological care provider and this form must be submitted with the invoice for payment to:

**Redress Counselling Team** at [redresscounselling@cyjma.qld.gov.au](mailto:redresscounselling@cyjma.qld.gov.au)

Counselling provider name and ABN	
Unique Redress ID to which the invoice relates	
Invoice number	
Number of hours or minutes invoiced for	
Cost per hour including GST	