



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

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	