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

# Confirmation of Counselling Session

*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 |  |