

Preventing family breakdown Enhancing family strengths

24-32 Stephenson Way London, NW1 2HX

Tel: 020 7391 9150 Fax: 020 7391 9169 Email: info@ift.org.uk Web: www.ift.org.uk

NOTE: RETURN THIS FORM BEFORE YOUR FIRST SESSION FEES FOR CLINICAL SERVICES

As a registered charity and non-profit making organisation, the Institute of Family Therapy has to offset the costs of therapy by receiving contributions from its clients. The Institute charges fees on a sliding scale related to combined family income.

The cost of therapy is usually shared between adult family members who are receiving an income. You should therefore discuss fees with those adults who will be attending therapy in order to decide the fee per session for your family.

SCALE OF FEES (£)			
ANNUAL INCOME OF ADULT/S ATTENDING	FEE PER PERSON		
Unemployed / Adult student in full time education	5		
15,000- 20,000	10		
21,000-25,000	20		
26,000-30,000	25		
31,000-35,000	30		
36,000-40,000	35		
41,000-45,000	40		
46,000-50,000	45		
51,000-55,000	55		
56,000-60,000	70		
61,000-65,000	85		
66,000-70,000	100		
71,000-80,000	120		
81,000-90,000	150		
91,000-120,000	190		
120,000 and above	220		

How do I work out the session fee?

Each person attending is assessed on their own income.

For **example**, if a family of three adults are attending and one is on income support and the other two are earning an income, then it would be broken down as follows:

One person is on income support, then that person's fee would be £5.

The second family member is earning £34,000pa, their fee would be £30

The third family member is earning £37,000pa, their fee would be £35.

The total fee for that family, per session, would be £70.

Once you have agreed on the fee per session, please complete the slip overleaf and return it by post or email **before** your first appointment.

President: Yasmin Alibhai-Brown **Chair of Council:** Nick Topliss, MSc CQSW

Director: Barbara McKay, BA, MSc/CQSW, MSc, MA



NAME(S)					
ADDRESS					
I / We would like to go ahead with appointments at the Institute of Family Therapy. My/our agreed fee per session will be £					
Signed (If not sent via e	email)	Date			

Return to: Robyn Bradley, IFT, 24-32 Stephenson Way, London. NW1 2HX or email: therapy@ift.org.uk

PLEASE NOTE: In the event of cancellation, 24 hours must be given or your agreed fee will be charged. Payments can be made either by cheque, cash or bank transfer (please see details below). Bank transfers must be received within 48 hours after your appointment. If you are paying by cash please ensure you bring the exact amount as change may not always be available.

Bank Details

Institute of Family Therapy CAF Bank Sort Code: 405240 Account Number: 00003886

Please quote your invoice number when paying.

Please fill in your details: