

**Coaching Agreement**

**Agreement**

This is to agree a course of coaching sessions, to take place over the period of 6 months, on dates to be arranged between the coach and the coachee.

Coachee Name: ...................................................................................................................

Coach Name: .......................................................................................................................

Maximum number of sessions\*: ................................

\*Authorisation must be obtained from the Health Education England (Yorkshire & the Humber) coaching service before committing to, or undertaking more than **4** coaching sessions.

Coachee Signed: ............................................................. Date: ................................

Coach Signed: ................................................................. Date: .................................

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**Coachee Declaration**

I have read the Health Education England coaching skills Code of Practice and the FAQs and agree to abide by their content.

I confirm that I am / I am not currently the subject of any investigation or fitness to practice proceeding by any employer, any licensing or regulatory body in the United Kingdom or any other country. If my circumstances change during my coaching I will inform the coaching team.

The coaching service reserves the right to review membership of any coachee whose conduct is in conflict with the above terms or is at any time or in any way inappropriate.

Coachee Signed: ................................................................. Date: .................................

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Please return by post to: Coaching Administrator, Health Education England, working across Yorkshire & the Humber, University of Leeds, Willow Terrace Road, Leeds. LS2