



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

As a registered charity and non-profit making organization, 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**.

President:

Yasmin Alibhai-Brown

Chair of Council:

Kate Waters, RMN, BSc (Hons), MSc

Director:

Rachel Watson, BSc, MSc, DipSystSup, DPsych

Tel: 020 7391 9150

Email: info@ift.org.uk

Web: www.ift.org.uk

Registered address: 1-4 Great Tower Street, London, EC3R 5AA

Registered in England No. 1621020 / Registered as a charity No. 284858



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

Please fill in your details:

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 _____ Date _____
(If not sent via email)

Return to: Annamaria Papayova at therapy@ift.org.uk

PLEASE NOTE: In the event of cancellation, 24 working hours must be given or your agreed fee will be charged.

Payments can be made either by bank transfer (please see details below). Bank transfers must be received within 48 hours after your appointment.

Bank Details

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

Please quote your invoice number and/or your surname when paying.

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