This page sets out the responsibilities of the client, financial mentor and service.

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| Client agreement (for client to complete) |

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| ❶ | I agree to accept budgeting advice and will be respectful with my financial mentor. | | | |
| ❷ | I will keep my financial mentor up to date with my contact details and tell them everything about my financial situation as part of our honest and open relationship. | | | |
| ❸ | If I cannot attend an appointment I will let the service know. | | | |
| ❹ | Either the service or I can withdraw from this agreement at any time. | | | |
| ❺ | I will do my best to keep to the agreed budget, keep to agreed arrangements, and will not obtain further credit without first discussing it with my financial mentor. | | | |
| ❻ | I understand that the service and/or the financial mentor is not liable to me under any circumstances for their actions or any advice they give, however that liability arises (including through negligence). | | | |
| ❼ | I understand that my file may be confidentially inspected by a representative of the financial capability or budgeting service’s funder(s) or for the purpose of a quality review of this service. | | | |
| ❽ | I have discussed this document with my financial mentor, and I understand it. | | | |
|  |  | | | |
| **Name of client** | |  | | | |
| **Client’s signature** | |  | | | |
| **Date** | | Day | Month | Year | |
| **This agreement expires on:** | | Or: 🞏 Open-ended agreement | | | |

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| Service agreement (for financial mentor to complete) |

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| ❶ | We will keep all client details confidential, except as authorised by this Budgeting Agreement. |
| ❷ | We will keep the client informed of matters relating to the client’s finances. |
| ❸ | When we or the client withdraw from this Agreement, we will immediately inform creditors and any other person dealt with in accordance with this Budgeting Agreement. |

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| **Name of financial mentor** |  | | | | | | | | |
|  | On behalf of the service below | | | | | | | | |
| **Mentor’s signature** |  | | | | | | | | |
| **Date** | Day | | | | | Month | | | Year |
| **Service** |  | | | | | | | | |
| **Affiliation number** (optional) |  |  |  |  |  |  | **Phone** |  | |