

# Therapy Room Rental Agreement

For h

*DISCLAIMER: This template is provided for general informational purposes only and does not constitute legal advice. Always have your agreement reviewed by a qualified solicitor before signing. Rent A Therapy Room accepts no liability for use of this template.*

## 1. Parties

**Room Provider / Licensor (Full legal name or registered company name):**

---

**Provider's address:**

---

**Provider's email:**

---

**Provider's phone:**

---

**Therapist / Licensee (Full legal name):**

---

**Licensee's address:**

---

**Licensee's email:**

---

**Licensee's phone:**

---

## 2. Description of the Premises

The Provider grants the Licensee a licence to use the following room(s) on the terms set out in this agreement:

**Room name/number and description (e.g. 'Room 3, First Floor, approximately 12m<sup>2</sup>):**

---

**Full address of the premises:**

---

The Licensee may also use the following shared facilities: waiting area, kitchen, WC (delete or add as applicable).

## 3. Nature of This Agreement: Licence, Not Tenancy

---

This agreement creates a licence and NOT a tenancy. The Licensee does NOT have exclusive possession of the room. The Provider retains the right to enter the room at any reasonable time for cleaning, maintenance, inspection, or to move the Licensee to an alternative comparable room if necessary. The Licensee acknowledges that this agreement is not protected by the Landlord and Tenant Act 1954 or any other security of tenure legislation.

### 4. Schedule of Use

**Days and hours the Licensee may use the room (e.g. 'Mondays and Wednesdays, 09:00-17:00'):**

---

**Minimum notice required to book ad-hoc sessions (e.g. 48 hours):**

---

**Start date of this agreement:**

---

This agreement shall continue on a rolling basis until terminated by either party in accordance with clause 11.

### 5. Fees, Payment Terms, and Deposit

**Hourly / sessional rate (GBP):**

---

**Payment terms (e.g. 'Invoices issued on the 1st of each month, payable within 14 days'):**

---

**Payment method (e.g. bank transfer to: Sort Code \_\_\_-\_\_\_ / Account \_\_\_\_\_):**

---

**Deposit amount (GBP) — refundable at end of agreement subject to no damage or outstanding fees:**

---

Late payments: Interest may be charged at 8% above the Bank of England base rate under the Late Payment of Commercial Debts (Interest) Act 1998, together with any fixed late payment fees allowed by law.

### 6. Cancellation and No-Show Policy

**Cancellation notice period required for full refund (e.g. 48 hours):**

---

If the Licensee cancels a booked session with less than the required notice, the full room fee remains payable. Exceptions for genuine emergencies may be made at the Provider's sole discretion. The Provider will use reasonable efforts to give the Licensee as much notice as possible of any need to cancel a session on the Provider's part.

### 7. Permitted Use of the Room

---

---

**Permitted use (e.g. 'Individual counselling and psychotherapy sessions only'):**

---

The Licensee shall NOT: sublet or share the room with any other practitioner without written consent; use the room for overnight accommodation; conduct any activity requiring CQC registration unless the room is CQC-registered and such use is agreed in writing; create excessive noise or disturbance to other building occupants; or use the room for any illegal purpose.

## 8. Insurance

The Licensee shall maintain throughout the term of this agreement:

- Professional Indemnity Insurance — minimum cover GBP 1,000,000
- Public Liability Insurance — minimum cover GBP 2,000,000

The Licensee shall provide copies of insurance certificates to the Provider on request and notify the Provider immediately if any cover lapses. The Provider confirms they hold public liability and buildings insurance for the premises.

## 9. Data Protection and GDPR

The Licensee is the data controller for all personal data relating to their own clients. The Licensee shall register with the Information Commissioner's Office (ICO) if required, store all client records securely (locked cabinet or encrypted devices), and not leave client files unattended in the room between sessions unless in a locked storage unit. Upon termination of this agreement, the Licensee shall remove all client records from the premises.

## 10. Health, Safety, and Accessibility

The Provider warrants that the room is maintained in a safe condition with PAT-tested electrical equipment, adequate ventilation and lighting, and working smoke/CO detectors. The Licensee shall report any hazards immediately. Under the Equality Act 2010, the Licensee should inform the Provider of any accessibility requirements for disabled clients so that reasonable adjustments can be considered. The Licensee confirms they have been made aware of the fire evacuation procedures for the premises.

## 11. Termination

**Notice period required by either party (e.g. 30 days in writing):**

---

Either party may terminate this agreement immediately by written notice if the other party: fails to pay fees due and fails to remedy within 7 days of a written demand; commits a material breach that is not remedied within 14 days of notice; loses any required professional registration or insurance; or engages in illegal activity or conduct that brings the premises into disrepute. On termination, the Licensee shall return all keys, access cards, and remove all personal property and records within 7 days.

## 12. Governing Law

This agreement shall be governed by and construed in accordance with the laws of England and Wales. Any disputes shall be subject to the exclusive jurisdiction of the courts of England and Wales.

---

## Signatures

**Signed by the Provider:**

**Signed by the Licensee:**

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_