

HIGHGATE COUNSELLING CENTRE
Counselling Registration Form

1. Your Name: _____
2. Your Address: _____

_____ Postcode: _____
3. Date of Birth: _____
4. Email Address: _____
5. Telephone Home: _____
- Mobile: _____
- Work: _____

Can messages be left:

At Home	Y / N
On your mobile:	Y / N
At Work	Y / N

6. Are you currently:
- | | |
|---|-------|
| Employed full-time (i.e. more than 30 hours per week) | Y / N |
| Employed part-time (i.e. less than 30 hours per week) | Y / N |
| In receipt of sickness/incapacity/invalidity benefit | Y / N |
| Unemployed | Y / N |
| Full-time student | Y / N |
| Part-time student | Y / N |
| Retired | Y / N |
| Houseperson | Y / N |
| Other (please indicate): _____ | |

7. Availability for counselling: (Please tick)
- | | |
|---|---|
| <input type="checkbox"/> Weekday morning 9am to 12 noon | <input type="checkbox"/> Weekday afternoon 1pm to 5pm |
| <input type="checkbox"/> Weekday evening 6pm to 9pm | <input type="checkbox"/> Saturday morning 9am to 1pm |

8. Name of your G.P. _____
- Address: _____

- Telephone: _____

(We require your g.p. details in case of an emergency, but will not contact your g.p. without discussing it with you first).

I confirm the above details are correct:

Signature

Date