

Counselling Registration Form

1. Name:

2. Date of birth:

3. Address:

Post Code:

4. Email Address:

Please provide us with an email address that we can use to contact you

5. Telephone: Preferred daytime number:

Preferred evening number:

Can messages be left for you on your answer phone? Yes No

Can messages be left with whoever answers the phone? Yes No

6. Employment: *(please tick which applies)*

More than 30 hours/week Less than 30 hours/ week Unemployed

Student Full-time Student Part-time Retired Other

Receiving Universal Credit Receiving PIP

7. GP details:

(We require these details in case of an emergency but will not approach your GP without discussing it with you first)

Name of your GP:

Telephone:

Address:

8. Availability for counselling: *(please tick)*

Weekday mornings (9am to 12pm) Weekday afternoons (1pm to 5pm)

Weekday evenings (6pm to 9pm)

9. I confirm the above application

Name:

Date:

Signature:

Please complete and return this form to admin@highgatecounselling.org.uk
