

HCC Counselling Registration Form

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

1. Name:

2. Date of birth:

3. Address:

Post Code:

4. Email Address:

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)*

- | | | | |
|---|--|-------------------------------------|--|
| ☐ Full time | ☐ Part time | ☐ Unemployed | ☐ Self-employed |
| ☐ 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 and cannot accept a registration if you do not have a GP in your local area)*

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. Where did you hear about Highgate Counselling Centre?

- | | | | |
|---------------------------------------|--|-----------------------------|----------------------------------|
| ☐ Social media | ☐ Word of mouth | ☐ GP | ☐ Website |
| ☐ An event | ☐ Other <i>(please specify)</i> : | | |

10. I confirm the above application

Name:

Signature:

Date:

Please note our centre does not have step-free access, but we do offer online counselling where appropriate.

Highgate Counselling Centre, 58a Highgate High Street, London N6 5HX

highgatecounselling.org.uk | 020 8883 5427 | admin@highgatecounselling.org.uk

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