

Counselling Registration Form

Please complete & return with £5 registration fee in the Freepost envelope or pay online
(Please make cheques payable to Reach Merseyside Ltd or visit www.reachuk.co.uk)

Venue: Liverpool ☐ West Kirby ☐ Chester ☐
Manchester ☐ Sheffield ☐ Wrexham ☐
(Liverpool and Sheffield have stairs. Please let us know if this is a problem as other options may be available)

Name: (Mr/Mrs/Miss/Ms) _____

Address: _____

Post Code: _____

E-mail: _____ @ _____

Tel No: (day) _____ Answerphone message to be left? Yes ☐ No ☐

Mobile: _____ Answerphone message to be left? Yes ☐ No ☐

Age: ____ Marital Status: ____ No. children u18: ____ Occupation: _____

I became aware of Reach through:

☐ Friend / Relative / Neighbour ☐ Reach Literature ☐ Website / Google ☐ Church
☐ Passing By ☐ GP ☐ Are you a previous client? ☐ Other _____

I would be available for an appointment: (late afternoon appointments may be difficult to allocate)

☐ Morning ☐ Early Afternoon ☐ Mid Afternoon ☐ Late Afternoon (4pm onwards)

Please state any *regular* days that are **not** convenient for you: _____

Further information: Please give us your main reasons for wanting to see a Counsellor. This will help us in allocating the most appropriate Counsellor available. A sentence or two is sufficient. This information is confidential.

In order to help trainee counsellors gain experience, we try to arrange for them to observe / work with experienced counsellors. If necessary, would you be open to this? (If applicable, you will be asked again at the time.) ☐ yes ☐ no

Have you included your registration or online fee? ☐ yes

Please make cheques payable to Reach Merseyside Ltd. Thank you!

Please indicate level of donation per session £ _____

DATE: _____

If you are a taxpayer please tick the Gift Aid box below

☐ I want to Gift Aid any donations I make to Reach in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax claimed on all of my donations in that tax year it is my responsibility to pay any difference. I will advise Reach of any change in my circumstances.

FOR OFFICE USE

Client Card ☐ Client No. ☐

APPOINTMENT DATE:

CLIENT NOTIFIED:

COUNSELLOR:

COUNS. NOTIFIED:

Form out

Form in