

Counselling Registration Form

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

Venue: Liverpool West Kirby Chester Wrexham
Manchester (face to face n/a) Sheffield Staffordshire/North Shropshire * Remote
(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: _____ 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 note that our waiting time is currently longer than usual due to high demand*

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 either included your £5 registration fee or paid this online? yes

Please read our 'Fair Donation Principle' and then indicate your level of donation per session £ _____

<https://www.reachuk.co.uk/counselling/donation-guidelines/>

DATE: _____

If you are a taxpayer, please tick this Gift Aid box:

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.

* Staffordshire/North Shropshire is in partnership with Fountains Counselling

FOR OFFICE USE

Client Card Client No.

APPOINTMENT DATE: CLIENT NOTIFIED:

COUNSELLOR: COUNS. NOTIFIED:

Form out

Form in