

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

fdfhdhj

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: ………..............………..

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