Counselling Registration Form

Please complete and return with £5 registration fee in the Freepost envelope

*(Please make cheques payable to: Reach Merseyside Limited)*

I wish to be seen at: Liverpool New Brighton Chester Manchester Southport

(Liverpool, New Brighton and Southport all 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This is only needed if you ***regularly*** check your e-mails, so we can use your e-mail address to contact you for appointments.

Please can you mark e-mails from Reach as ‘safe’ so they do not get sent to the ‘junk items’ or ‘spam’ folder.)

Tel No: (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Answerphone message to be left? Yes No

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Answerphone message to be left Yes No

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(under 18 years)

**I became aware of Reach through:**

 Friend / Relative / Neighbour Reach Literature Internet

 Passing By Yellow Pages Other Directory Are you a previous client?

 Church GP 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 note: Not available in Southport*

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 remembered to include your registration fee?**  **Yes**

**Please indicate level of donation per session £**\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

If you need to be reminded about this at any point please ask.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE**

APPOINTMENT DATE: ....................................................... CLIENT NOTIFIED: ...........................………..

COUNSELLORS: ................................................................. COUNS. NOTIFIED:..………..............………..

Form out Form in