



# APPLICATION FOR COUNSELLING

If you need help to complete this form please call 0845 3 30 30 30

Reg. Charity No. 1070904

Please start by providing us with your name, address etc

Date: DD / MM / YYYY

First name(s): \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode: \_\_\_\_\_

Is it OK to write to you at this address? Yes  No

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Is it OK to email you? Yes  No

Mobile or other phone number: (please include STD code) \_\_\_\_\_

Is it OK to phone you? Yes  No

Is it OK to leave a message? Yes  No

Do we need to be discrete when calling? Yes  No

Date of birth: DD / MM / YYYY Age: \_\_\_\_\_

PLEASE CONTINUE OVER - BOXES BELOW ARE FOR OFFICE USE ONLY

Client code:	Counsellor preference:	
CORE consent?:	Date Start CORE:	Date End CORE:
Client availability:	Fee offered: £	
Accepted or onward referral:		
Presenting issues:		
Counsellor assigned to and start date:		
Counsellor assigned to and start date:		
Form archived date:		



# APPLICATION FOR COUNSELLING CONTINUED

Considering and answering the following questions will help you focus on your reasons for seeking counselling. Some of the questions require a simple YES or NO response. This form is used by all clients seeking counselling so some of the questions may not apply to you. After we receive your request for counselling we will contact you to attend an initial counselling assessment. After this assessment if you are accepted for counselling you will be placed on our waiting list. **Please note average waiting time to see a counsellor *after* the counselling assessment is 2 to 3 months.**

## **CONFIDENTIALITY**

The content of your counselling sessions are confidential. However, your Counsellor does have regular individual or group supervision where all of her/his work is discussed. There are times when confidentiality may have to be breached, for example if you or somebody else is at risk of harm, or where there is a requirement in law in the case of serious criminal offences (in particular terrorism and money laundering).

**Why are you currently seeking counselling?**

**Why have you decided to access counselling now?  
Has anything happened that has triggered this decision?**

**We offer up to a maximum of 12 counselling sessions.**

**What do you hope will be different in your life at the end of the counselling sessions?**

**Have you ever had counselling before? *If YES, please briefly describe that experience***

**What is the name and address of your GP?**

**Are you currently receiving any treatment or medication for any physical or mental health problem?**

*Please give information below briefly stating what any medication is for.*

**Are you seeking counselling as a condition of any criminal justice proceedings?**

*If YES please give information and contact details below*

**Do you currently receive any professional help or support from any other mental health professional for example another counsellor, psychologist, psychiatrist or CPN?**

*Please give information and contact details below*

