

## CLIENT COUNSELLING APPLICATION FORM

Name

Email

Phone

Referral source - Who referred you or recommended counselling with me?

Ethnicity

Reasons for counselling / Personal background

### Information about counselling

- I acknowledge that the counselling I will receive is with Anna Taylor, a Mind health Intern who is a trainee counsellor doing their placement at Hope Community Church.
- I understand that everything I share will be held in the strictest of confidence, the only exception being if there is potential harm to myself or harm to others. In that case, the counsellor will work with me to decide the next steps.
- I will give as much notice as possible if I am unable to attend my counselling appointment. This is so the counsellor can offer the appointment to another client.  
Please email Anna Taylor: [anna.taylor@mindhealth.org](mailto:anna.taylor@mindhealth.org)
- I understand that if I have any concerns about the counselling process, in the first instance I should talk to the counsellor. If the issue is not resolved I should contact the Placement Liaison Person, Steve Gwyn - Email [steve@mindhealth.org](mailto:steve@mindhealth.org)

Signed

Date