**WOMANKIND APPLICATION FORM FOR PAYING COUNSELLING SERVICES (CONFIDENTIAL)**

Please complete the form in block capitals and return **within two weeks of the issue date at the bottom of this form.** This information is gathered to ensure you receive the best possible service that is most suited to your needs. The information record will be held on a secure, access-restricted database and kept for three years after you leave the service when it will be safely destroyed.

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Preferred name** |  |
| **Address** |  |
| **Phone nos.** |  |
| **Email** |  |
| **Date of birth** |  |
| **GP details** |  |
| **Preferred method of contact** | Phone? | Email? | Post? |
| **Okay to…** | Leave message? Y/NText? Y/N | Email? (Y/N | Post? (Y/N) |

**Access and communication needs**

|  |  |  |
| --- | --- | --- |
| **Do you need any help with written information?** | **Yes** | **No** |
| Please provide details:  |
| **Please note that fees for this service are £45 *per session* including the initial assessment. Please think about whether you can afford this on an-going basis.**  |  |  |
| **Current availability to attend appointments** |
| **C** We offer a limited service so the more times and days you are available the more likely we can offer you a service. If we do not have spaces at the times you have suggested we will contact you to suggest alternative options.Please provide details:  |
| **Do you have any disabilities that you would like to tell us about so that we can help you to access therapy?**  | **Yes** | **No** |
| **Do you have any support needs to access the service?** Please provide details of any adjustments, access or support needs: |
| **Is there anything else you would like us to know about how to support you (e.g. cultural or religious needs)?** |

**Specific issues: Are there any specific issues that have let you to contact us?**

|  |
| --- |
| **Please tick:** **DEPRESSION RAPE OR SEXUAL ABUSE****ANXIETY A VIOLENT / ABUSIVE RELATIONSHIP****OTHER (Please state) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….** |
| **Have you received any previous or ongoing therapy or specialist support for the above?** Please provide details: |

**How did you hear about our service?**

|  |
| --- |
| Please provide details: |

|  |  |
| --- | --- |
| **Office notes:** |  |
|  |  |
|  |  |
|  | Issue date: |

 **Please return this form to The Administrator, 3rd Floor Brunswick Court, Brunswick Square, Bristol, BS2 8PE or email to info@womankindbristol.org.uk THANK YOU**