Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Gender |  | DOB |  |
| AddressPostcode |  |
| Phone |  | Email |  |
| Occupation |  |
| GP Name and Practice  |  |

|  |
| --- |
| Have you had Counselling at Centre70 before? YES/ NOIf yes, what year?  |
| Have you had contact with any other Support Services? (i.e carer’s support, social worker etc) |
| Briefly describe why you would like counselling? |
| How did you hear about us? |

|  |
| --- |
| We are open Tues, Wed, Thurs and Fri which of these days are you available?  |
| Monday (10am-9pm)am pm  | Tuesday (10am-9pm)am pm  | Wednesday (10am-9pm)am pm  |
| Thursday (10am-9pm)am pm  | Friday (10am-5pm) am pm |  |
| Do you require a ground floor room? YES / NO |

|  |  |
| --- | --- |
| Do you require Centre 70 advice and information services?**020 8670 0070****enquiries@centre70.org.uk** | **O** Debt (owe money or struggling financially) **O** Benefits **O** Housing **O** Student finance **O** Utilities (switching, bills, discounts)  |

|  |
| --- |
| **I GIVE CONSENT FOR CENTRE 70 TO COLLECT AND SECURELY STORE MY PERSONAL DATA: YES □** NO **□** |

**OFFICE USE:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Counsellor:* | *Day:* | *Time:* | *Fee:* |

Assessment details:

|  |  |  |
| --- | --- | --- |
| Case ID: | Initial call date: ­­­­­­­­­­­­ | Service Type: **(circle)**S I C TBC |

Centre70 Advice & Counselling: 46 Knights Hill, West Norwood, London SE27 OJD

Please complete and return to: counselling@centre70.org.uk