Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Gender |  | DOB |  |
| Address  Postcode |  | | | | | | |
| Phone |  | Email |  | | | | |
| Occupation |  | | | | | | |
| GP Name and Practice |  | | | | | | |

|  |
| --- |
| Have you had Counselling at Centre70 before? YES/ NO  If 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](mailto:counselling@centre70.org.uk)