Date:

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

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| --- |
| Have you had Counselling at Centre70 before? YES/ NO  If yes, what year? |
| Have you had contact with any other Support Services? If so please state which services below  (i.e carer’s support, social worker etc) |
| Briefly describe why you would like counselling? |
| How did you hear about us? |

|  |  |  |
| --- | --- | --- |
| We are open Mon - Fri which of these days are you available? Please state your available times/days below | | |
| Monday (10am-8pm) | Tuesday (10am-8pm) | Wednesday (10am-8pm) |
| Thursday (10am-8pm) | Friday (10am-4pm) |  |
| Do you require a ground floor room? YES / NO | | |

|  |  |
| --- | --- |
| If you require any assistance from our Advice Service, please email enquiries@centre70.org.uk | |
| **I GIVE CONSENT FOR CENTRE 70 TO COLLECT AND SECURELY STORE MY PERSONAL DATA:** YES **□** NO **□** | |

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)