10/01/2019 DRAFT registration form - Google Docs

**FENIKS. Counselling, Personal Development and Support Services Ltd.** St. Margaret’s House, 151 London Road, EH7 6AE, Edinburgh +44 7510 122 425, e‐mail: info@feniks.org.uk www.feniks.org.uk

**CLIENT REGISTRATION FORM**

Date of Registra on: ............................................. Code

**PERSONAL INFORMATION** Title: \_ Mr \_ Ms \_ Other (Please ck relevant box / provide the tle .......................) Surname(s): .......................................................................................................................................... Forename(s): .................................................................................................................................... Address: ........................................................................................................................................... Postcode: .................................................................. Email: ....................................................................... \_Please ck if you agree to be added to our mailing list to be informed about our news, services and projects Phone: ..................................................................... \_ (Please ck the box if a message can be left on the on your voicemail \_ (Please ck the box if we can say we’re calling from Feniks)

**GP (name / prac ce name and address)** ..................................................................... ..................................................................................................................... .....................................................................................................................

**Employment Status** (please ck relevant box) \_ Employed \_ Self‐employed \_ Unemployed \_ Re red \_ Student ................................................................................................................

**Projects** Which project(s) would you like to a end (please ck relevant box(es)) \_ Ac ve 50+ \_Counselling/Therapy \_Group Therapy \_Toddler Group \_Survivors’ Group \_Personal Development Workshops \_Leith Conversa on Cafés \_SMART Recovery \_Other

**How did you hear about Feniks?** \_ Emito \_ Feniks’s website \_ Friend / family member \_ GP \_ Leaflet \_ Other ............................................................................................................

**Referral from** ........ **DATA PROTECTION ACT 1998/ FORMULKA GDPR ‐ do uzupelnienia przez Monike** In accordance with this Act your permission is needed for us to collect and keep any personal data (e.g. name, e‐mail, address) whether by manual or electronic means. We therefore ask every client / a person making referral on the client’s behalf to confirm below that they give Feniks the necessary permission to keep the data they are willing to disclose, and to keep confiden al records about their a endance and counselling. This does not affect in any way the confiden ality of therapy / counselling sessions. Registered Charity No: SC 039041 Registered Company No: 329038

https://docs.google.com/document/d/1ImkIB17uzJJ36tDN4-IC4dhDhr84JjNqfrK4hi-NdCA/edit 1/2

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Feniks gathers sta s cal informa on about its work and its clients, which is used for policy making, sta s cal and promo onal purposes. In all cases this does not iden fy individual clients.

\_ On behalf of myself / the client I refer I give permission for Feniks to keep the data I disclose and for confiden al records to be kept about the a endance and therapy / counselling (please ck the box and provide your name and date below).

Name (CAPITAL LETTERS, please): ..............................................................................

Date: ...............

When we receive a completed referral form, the client will be placed on our wai ng list. A therapist will contact them as soon as an appointment me becomes available.

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