

Date of Meeting:

1. _____

P.O. Box 313, Burwood, NSW 1805 Tel: (02) 9715 6923; Fax: (02) 9715 6924 E-mail: info@mffc.org.au ABN 36 220 710 374

婚前評量及輔導服務報名表

Pre-marital Counseling Service Enrolment Form	
姓名 Name : (男 Male)(英 English)	(女 Female)(英 English)
職業 Career : (男 Male)	(女 Female)
	(女 Female)
	區號 Area code
所屬教會 Church : (男 Male)	(女 Female)
電話號碼 Phone(公司 work) : (男 Male)	(女 Female)
	(女 Female)
手提電話 Mobile : (男 Male)	(女 Female)
電郵地址 Email : (男 Male)	(女 Female)
	預算結婚日期 Wedding date:
	會/朋友/其他 website/church/friend/others
 提供此輔導服務的地點將會在本會或輔導員之辦事處 The set 輔導員的意見只供參考及學習,報名者應就個人的境況而自行 counsellor is for client's consideration and reference. Client 以上資料絕對保密,只供本會紀錄及輔導人員參考 Information 如在輔導服務期間,報名者拒絕跟輔導員合作,本會有權終上 the counsellor, MFFC hold the right of terminating the service. 	行決定是否接納導員的意見 Any suggestion/advise from the nt shall hold his/her final discretion. on provided here is confidential and only for MFFC internal use 止此服務 During service, should client refuses to work together with
本人明白及同意以上條件 I understand the Terms & Cond	litions stated above :
簽名 Signature : (男 Male)	(女 Female)
日期 Date:	日期 Date :
付款方法 Payment method : □ 信用卡 credit card :	RICH 測驗問卷費用 add assessment fee\$44, 合共 Total: \$34 0
信用卡號碼 card number/	ish:
持卡人簽名 card holder signature:	
□支票 cheque (抬頭請寫 payable to "Marriage and Family	ly For Christ") 填表日期 date:
For information on the Privacy Policy of Marriage & Family For Chr	risi (MFFC), piease visii niip://www.mjfc.org.au/about/privacy/
For Office Use: Received the application on:	Payment Processed on:
	Case No: