



CLIENT REGISTRATION FORM

Date of Registration:

Code

PERSONAL INFORMATION

Title: ☐ Mr ☐ Ms ☐ Other (Please tick relevant box / provide the title)

Surname(s):

Forename(s):

Address:

Postcode:

Email:

☐ Please tick if you agree to be added to our mailing list to be informed about our news, services and projects

Phone:

☐ (Please tick the box if a message can be left on the on your voicemail

☐ (Please tick the box if we can say we're calling from Feniks)

GP (name / practice name and address)

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Employment Status (please tick relevant box)

☐ Employed ☐ Self-employed ☐ Unemployed ☐ Retired ☐ Student

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Projects

Which project(s) would you like to attend (please tick relevant box(es))

☐ Active 50+

☐ Counselling/Therapy

☐ Group Therapy

☐ Toddler Group

☐ Survivors' Group

☐ Personal Development Workshops

☐ Leith Conversation Cafés

☐ SMART Recovery

☐ Other

How did you hear about Feniks?

☐ E-mailed ☐ Feniks's website ☐ Friend / family member ☐ GP ☐ Leaflet ☐ Other

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Referral from

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DATA PROTECTION ACT 1998/ FORMULKA GDPR - do uzupełnienia przez Monikę

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 confidential records about their attendance and counselling. This does not affect in any way the confidentiality of therapy / counselling sessions.



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Feniks gathers statistical information about its work and its clients, which is used for policy making, statistical and promotional purposes. In all cases this does not identify individual clients.

_ On behalf of myself / the client I refer I give permission for Feniks to keep the data I disclose and for confidential records to be kept about the attendance and therapy / counselling (please tick 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 waiting list. A therapist will contact them as soon as an appointment time becomes available.