**Business Referral Form**

**Thank you for getting in touch and enquiring about therapy.**

For me to best meet your personal business requirements please email the completed form to me at contact@letsthinkdifferent.co.uk. All information provided will be held under the Data Protection Act 2018.

**Business information:**

|  |  |
| --- | --- |
| Business Name: | Contact name:  |
| Address: Postcode: | Telephone Number Email Address |

**Referral Details:**

|  |
| --- |
| Please outline what your business requirements:  |
| Expectations for counselling:  |

**Availability:**

For an easier process for you, please let me know as much availability as you can for weekly sessions, by circling the times and I will try to match your time as best as I can.

Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm | 9am – 12pm |
| 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | 1pm – 3pm | xxxxxxx |
| 3pm – 6pm  | 3pm – 8pm  | 3pm – 6pm  | 3pm – 8pm  | xxxxxxx |

**Any additional information you feel I may need to know:**

|  |
| --- |
|  |

**We would like to contact you for a free consultation and to confirm details of sessions.**

**How would you like us to contact you?**

* **Phone**
* **Text**
* **Email**