**Group Referral Form**

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

For us to make sure you get the most from your Group session please email the completed form to either Clare or Jayne. All information provided will be held under the Data Protection Act 2018.

**Your information:**

|  |  |
| --- | --- |
| First Name: | Surname:  |
| Date of Birth:  | Age:  |
| Address: Postcode: | Telephone Number Email Address |
| Emergency contact name: | Emergency contact telephone number:  |

**Referral Details:**

|  |
| --- |
| Please outline what you’re hoping to achieve from our Confidence Building Group Therapy sessions:  |
| What would you like covered in these sessions?  |

**Availability:**

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

Please note sessions are for 1.5 hours.

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 we 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**