

Registration for Counselling (for a young person)

10 The Broadway
Woodford Green
Essex IG8 0HL

Tel. (020) 8491 0222
Fax. (020) 8505 8426
E-mail PWTCFL@Aol.com

Name of young person _____ Male/Female* _____

Address _____

Postcode _____

Tel. (day) _____ Tel. (evening) _____

Please indicate the times when you would be available to come for counselling:

	Monday	Tuesday	Wednesday	Thursday	Friday
10.00am – 1.00pm					
1.00pm – 4.00pm					
4.00pm – 6.00pm					
6.00pm – 8.00pm					

Name of Parent/Guardian* _____ Mr/Mrs/Miss/Ms/Dr _____

Address _____

Postcode _____

Tel. (day) _____ Tel. (evening) _____

I enclose a registration fee of £10
(Cheques payable to Counsel for LIFE)

How did you hear of us?

Counsel for LIFE
Director: Rev. DJ Blackledge
A service of
the Personal Wholeness Trust
Charity registered in England
No. 1000837



If you have any special requests for contacting you, please specify

Signed (parent/guardian*) _____ Date _____

Please send this form with the fee of £10 to
Counsel for LIFE, 10 The Broadway, Woodford Green, Essex IG8 0HL

*Please delete as appropriate

The information on this form will be held in strict confidence