

**Charlies-Angel-Centre Foundation
Bereavement Counselling Referral Form**



Contact Details

Name

**Address
Including
Postcode**

Phone Number

Date of Birth:

Email address:

Male/Female

Would you like to be contacted by Email or telephone?

Gp Address & Telephone Number

Where did you hear about our service

Please give brief details of why you wish to access this service which counselling service you require {Face-face, telephone, online} and when your loss occurred.

Would you prefer a male or female counsellor?

Registered Charity Number 1172233

This service is appropriate for: (counselling service)

Please consider the eligibility criteria below before completing this form.

Bereavement / loss. The remit of this service is to support individuals experiencing 'life issues' such as those detailed above.

Please post or email the completed form back to: Email- Charliesangelcentre@hotmail.com or Unit 6b, Ashbrooke Park, Parkside Lane, Leeds. LS11 5SF

Counselling is a free service and our counsellors are all volunteers, whilst we appreciate that emergency's do happen, when undertaking counselling we require commitment from clients to attend their sessions where possible

Confidentiality

The content of the sessions are confidential to counsellor and client.

On very rare occasions if we discover there is a need to communicate with other professionals, this will only happen by first seeking your permission and knowledge of what is going to be discussed.

We work in line with the ICO Information Commissioners Office guidance.

The possible exceptions to this non sharing code are:

If we think you are at risk of giving or receiving serious harm from self or others

If we are required to do so by a UK court of law

If we believe you will cause serious physical harm to yourself or another person

Confidentiality would be broken in the event of a breach of national security..

Please Sign