

Confidential Registration Form

Fay Bird

I would like to book a place on the following:

Name of course/workshop:	
Dates:	

Full Name:			
Address:			
Date of Birth:		Occupation:	
Telephone - Day:		Evening:	
Email:			

What has drawn you to this course?

The following information is required for our records:

Have you previously had counselling therapy?	Yes / No
Are you currently taking medication? <i>(If 'yes' please give details below)</i>	Yes / No
Have you ever had psychiatric treatment?	Yes / No
Do you have any physical / medical conditions	Yes / No
Have you recently consulted a doctor	Yes / No

Please give any further relevant historical / medical comments:

I agree that once I am accepted on the course/workshop, the full fee is due and is non-refundable.
I understand and accept full responsibility for any consequences of my participation on this course/workshop.

Signature: Date: