

Kells Family Resource Centre

ADULT COUNSELLING SERVICE REGISTRATION FORM

Section 1 [KPRC Staff]

REFERRAL INFORMATION	
Referral Date:	Referral Source:
Referrer Contact Details:	

CLIENT INFORMATION	
Name:	Client Code:
Address:	Contact No:
	Email:
Date of Birth:	Age:
GP Name & Contact Details:	

COUNSELLING SERVICES OPTIONS	
General Adult Counselling	General Adult Counselling [Student]
General Adult Counselling [Pre-Accredited]	Maternity & Parenting Counselling

GENERAL INFORMATION		
Subsidies Explained	Subsidy Applied	Notes:
	No Subsidy	
	Standard Subsidy	
	Student/Pre-Accred. Rate	
Waiting List Explained		
Referred To:		
On Date:		

Section 2: [Counsellor and Client]

ASSESSMENT			
Assessment Date:	Agreed Service: Weekly/Monthly	Start Date:	Venue:
Day:		Time:	
Fees @	Subsidy Applied: None / Standard / Student- Pre-Acc	Means Evidence:	

Cancellations by Clients: If for any reason, you have to cancel the session, notice is required [preferably 24 hours notice]. If sufficient notice is not given, the full fee is payable.

Confidentiality: The content of the counselling sessions is treated as strictly confidential, except in the following circumstances:

- If the client appears to be in any danger or if there appears to be danger of the client causing serious harm to themselves or others.
 - If there appears to be a child at risk. In this case, should others need to be informed, the Counsellor will always discuss with the client in advance.
- When reviewing the Counsellor's work in professional supervision. In this situation, the identity of the client is always protected.
 - If subpoenaed to court.
 - When a client discloses criminal activity or knowledge of criminal activity.

I agree to the terms of the Counselling service.

Client Signature:	Date:
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Section 3 Engagement Log [Counsellor]

SUBSIDY LOG					
Subsidy at €20			Subsidy at €10		
	Date of Attendance	Verified By		Date of Attendance	Verified By
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

NO SUBSIDY LOG					
	Date of Attendance	Verified By		Date of Attendance	Verified By
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

Notes of Any Administrative Amendments
