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|  | Professional Counselling and Listening Referral form  Tel: 07538 891 325 |  |

**Details of person requesting counselling / listening service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | |
|  | | | | | | | | | Date of birth: | | |  |
| Home No: | |  | | | | | Mobile: | | |  | | |
| Email address: | | | |  | | | | | | | | |
| Best method of contact: | | | | | Home / Mobile / Email  *Please circle all that apply* | | | | | | | |
| Is the person aware of the referral? | | | | | | | | Yes / No / Self-referral | | | | |
| Can the counsellor contact direct? | | | | | | Yes / No / Self –referral | | | | | | |
| Can the counsellor leave a message? | | | | | | | | | Yes / No | | | |
| Counselling or Listening appointment required? | | | | | | | | | | |  | |
| Is there a preferred day or time to contact? | | | | | | | | | | | | |

Referrer details ***(leave blank if a self-referral)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Organisation name & address: | | | | |
| Contact No: | |  | | |
| Email address: | | |  | |
| Are you aware of any safeguarding issues? | | | | Yes / No |
| If yes please give full details: | | | | |

Page 2

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| Please indicate below which option your organisation is selecting:  Option 1 Option 2  (Option details on page 2) |

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| **Option 1**  Assessment session – free of charge, with 6 sessions @ £15.00 per session. Where the client needs further sessions the 7th and subsequent sessions will be free of charge to the organisation, AT2T will fund these additional sessions.    An invoice for £90.00 will be submitted following the 6th session or earlier if less sessions are needed by the client. The invoice will reflect the number of sessions that the client attended at a cost of £15.00 per session. |
| **Option 2**  A one-off payment of £60.00.  The invoice will be submitted at the 2nd session that the client attends.  If the client only attends one session, then an amount of £25.00 will be invoiced to cover the assessment fee of £10.00 and the first session fee of £15.00.  If the client only attends the assessment, then an invoice will be submitted for £10.00 to cover the assessment session. |

If you have any questions or queries, please do not hesitate to give us a call.

**Referrer signature ……………………………….……. Date ……………**

Please forward to the following email address:

[**atime2talk@hotmail.com**](mailto:atime2talk@hotmail.com)

Please note that **our emails are not encrypted**, if you would like to password protect the document please contact us on 07538 891 325 so we can agree a password for the document.