**Welcome to Level Two Counselling**

To support you we need the following details…

Full name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Gender: Male: Female: Do not wish to disclose:

Date of birth: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Age . . . . . . . . . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postcode: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Your contact number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Best way to contact you? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of parent/carer (if under 18 yrs ) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Who do you live with? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Can we contact your parent/carer if necessary? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Emergency contact name and number: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Are you: (Please tick all that apply)

At School School Year 6th Form

Training/apprenticeship Employed

 Further Education None of the above

Do you have any special educational or additional needs? . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Do you have any medical conditions we should be aware of? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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How do you think Counselling can help you? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Are you receiving support from other agencies or people? If yes who? . . . . . . . . .

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How did you hear about Level Two Counselling . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**If you are completing this form on behalf of or with a young person, please give your details below.**

Name:. . . . . . . . . . . . . . . . . . . . . . . . . Organisation. . . . . . . . . . . . . . . . . . . . . . . . .

Contact Number: . . . . . . . . . . . . . . . . . . . . . . . . . . Additional information . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

* I agree that I have completed this form or have witnessed my supporter in completing the details. I understand this information will be kept safe and secure. I understand it will not be passed to other agencies or individuals outside of Level Two Mentoring without asking or informing me first.

**If you are a young person completing this form you do not require parental consent.**

**Signature of young person: Date:**

Date referral received . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Who by? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Send to- Level Two, 2nd Floor, 54 Cobbold Road, Felixstowe, Suffolk, IP11 7EL

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