



Support Service Request

BASIC INFORMATION FORM

CLIENT No: - (office use only)

COUNSELLOR

DATE TODAY:

CONTACT DETAILS	OK TO WRITE	
NAME:	Y	N
ADDRESS:		
POSTCODE:	DATE OF BIRTH:	

PHONE DETAILS	OK TO LEAVE MESSAGE?	
Home:	Y	N
Mobile:	Y	N
Other:	Y	N

EMAIL DETAILS	OK TO EMAIL?	
Email:	Y	N

HOW DID YOU FIND OUT ABOUT OUR SERVICE?

WHAT ARE YOU LOOKING FOR FROM OUR SERVICE?

WHAT ISSUE IS A SERVICE SOUGHT FOR?	WHAT TYPE OF SERVICE WOULD YOU LIKE? *
Childhood Sexual Abuse	1-1 Counselling
Adult Sexual Assault	Couple Counselling
Adult Rape	Therapeutic Group
Other	Creative Therapeutic Group

**you may tick more than one box. Service options will be discussed in your initial meeting*

Please complete the above and send to mankind at the address below. On receipt we shall contact you to arrange an initial meeting. This meeting will be to discuss your needs and choose an appropriate service for you. All information given will be treated with the strictest confidence. Please call us if you require any further information.

mankind
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