

Counselling Booking & Initial Intake Request Form

This form is used to request an initial counselling intake session. Following the intake session, between 1 to 3 additional sessions may be scheduled. Further sessions may be arranged where ongoing support is clinically indicated and agreed.

1. Employee Details

Full Name & Surname:	
Company:	
Preferred Contact Number:	
Work Email Address:	
Preferred Method of Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Either

2. Reason for Seeking Support

Please briefly describe what has prompted you to request counselling support:

3. Urgency of Support

- I would like to speak to someone as soon as possible
- I would like support within the next week or two
- This is general wellbeing support and can wait for the next available appointment

4. Current Safety

- I am currently feeling safe
- I am unsure about my safety
- I am not feeling safe

If you selected 'unsure' or 'not feeling safe', please briefly explain:

5. Type of Support Requested (optional)

- Stress or burnout
- Anxiety or overwhelm
- Grief or loss
- Trauma or recent difficult event
- Relationship or family difficulties
- Work-related stress
- General wellbeing support
- Other: _____

6. Session Preference

Preferred days/times (if any): _____

7. Confidentiality & Important Information

Counselling sessions are confidential. Session content is not shared with First Technology Group unless there is a risk to your safety or the safety of others, or where you provide explicit consent. This counselling service is supportive in nature and is not an emergency service. If you require immediate emergency assistance, please contact emergency services or seek urgent medical support.

- I understand the above information.

8. Consent

- I consent to being contacted regarding counselling support.

Signature

Date