**CONFIDENTIAL INFORMATION**

The information collected on this form will be utilised by Sparkin Solutions for service delivery and statistical purposes. Your information will not be provided to anyone else. If you have any questions, please speak with your counsellor.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| First Name  | Last Name  |
| Date of Birth | Gender | Cultural Identity |
| Residential Address |
| Postal Address  |
| Email Address |
| Mobile Number | Home Number |
| May we contact you by | Phone | Email | Post |
| How did you hear about us? |

**EMERGENCY CONTACT**

If some kind of emergency arises and we cannot contact you, who should we call?

|  |  |  |
| --- | --- | --- |
| Name | Phone | Relationship |

**CONFIDENTIALITY & RECORDS**

What you discuss in your counselling sessions is private and confidential. As such, Information will only be shared with any third parties with your written permission. However, there are two exceptions to this: 1) if there is a risk of harm to you or to someone else and 2) if a court of law subpoenas documentation.

Records of counselling sessions are maintained by your counsellor within our secure online client management system. These records will only be accessed by your counsellor. Counsellors are bound by Professional Codes of Ethics and current Privacy Legislation. Ask us about our Privacy Policy for more information.

**FEES & CANCELLATION POLICY**

A consultation is charged at $150.00 per session payable on the day of the consultation. A minimum of 24 hours notice is required to cancel or reschedule an appointment. A 50% cancellation fee ($75.00) applies to cancellations of less than 24 hours notice. Payments may be made by EFTPOS, credit card or cash.

ACKNOWLEDGEMENT:

I have read and fully understand the information provided above.

I hereby consent to undertake counselling and agree to abide by the policies outlined above.

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |