

Counselling Enquiry Form

Name:								
Address:			Email:					
Home contact number:			Mobile contact number:					
Do we have permission to leave messages? Yes / No								
Patient/Relative/Bereaved/Carer (delete as appropriate)		Age	18 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65+
How did you hear about Oakhaven Counselling								
Briefly, please tell us why you are seeking information about the Oakhaven Counselling service at this time.								

Thank you for contacting Oakhaven Counselling. We aim to contact you within three working days of receiving your form.

We collect and store personal information, in line with GDPR as part of our clinical services which ensures we can provide an appropriate level of care. By signing below, you are consenting to the storage of the information you have provided. If you are completing this form and emailing it back to us, please type your name below. By doing this you are agreeing that we can accept your typed name as your electronic signature.

Name:

Date:

Please turn over for return details

Oakhaven is committed to data protection and we have safeguards in place to ensure your information is properly stored in line with current legislation and professional codes of conduct. If you would like to know more please contact dataprotection@oakhavenhospice.co.uk

Details of our Privacy Policy and how we use your information can be found at: www.oakhavenhospice.co.uk/privacy-policy

Once completed, please return this form:

By email to: counselling@oakhavenhospice.co.uk

Or by post to:

Counselling and Support Services
Oakhaven Hospice Trust
Lower Pennington Lane
Lymington
Hants SO41 8ZZ