**COACHING & COUNSELLING INTAKE FORM**

Welcome! Please help us understand your objective or need briefly by completing this form, so that we are able to support you better. We are committed to your interest(s) and well-being.

**PART A: FOR PERSON SEEKING CONSULTATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name:  (as in official documents) |  | | | | | | | | NRIC/ FIN/ Passport #: | | | |  | | | | | |
| Gender M/F | | | |  | | | | | |
| Occupation |  | | | | | | | | Age | | | |  | | | | | |
| Marital Status: | Single | Married | | Divorced | | | | Widowed | | | Others:  (pls indicate) | | | | | | | |
| Ethnicity:  (as in official documents) | Chinese | | Indian | | | Eurasian | | | | Date of Birth | | | | | | | | |
|  |  |  |  |  |  | |  |  |
| Malay | | Others:  (pls indicate) | | | | | | |
| D | D | M | M | Y | Y | | Y | Y |
| Nationality: | Singapore Citizen | | | Singapore PR | | | | | | Others: (pls indicate) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Religion: | Roman Catholic | | | | If so, are you a  Parishioner of St Mary of the Angels? | | | | | | | | Yes | | | No | | |
| Buddhist | | | | Hindu | | | | | Muslim | | | Others:(pls indicate) | | | | | |
| Christian | | | | Taoist | | | | | Sikh | | |
|  | | | | | | | | | | | | | | | | | | |
| Mobile HP: |  | | | | | | Email: | | | | | | | | | | | |
| Home Tel: |  | | | | | | **Important:** Email is our main mode of communication with you. | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Address of Residence |  | | | | | | | | |
|

|  |
| --- |
| Are you on medication?  Yes  No |
| If yes, please provide details: |

|  |  |
| --- | --- |
| Have you seen any therapists, psychologist or psychiatrist within the last 12 months? | Yes  No |
| If yes, please state briefly the purpose of the consultation and the nature of treatment. | |
|  | |
| How did you come to know about this Coaching and Counselling support: | |
|  | |
| State briefly the reason(s) for your visit. | |
|  | |

|  |
| --- |
| State briefly what you hope to achieve from the visit |
|  |

**PART B: FOR PERSON UNDER 21 YEARS OF AGE**

TO BE COMPLETED BY PARENT / GUARDIAN

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Email: Tel.: | | | |
| Relationship with Person: | | Age: | Date of Birth: |

**PART C: AGREEMENT**

The Church of Saint Mary of the Angels aims to provide professional Coaching and Counselling support through her Coaching and Counselling Team, under the Outreach Office.

While every effort shall be reasonably made to ensure that you / your child will be attended to with utmost respect and professionalism – and strict confidentiality will be upheld, by submitting the form and attending the session(s), you agree, acknowledge and consent to the following:

1. You have voluntarily provided your personal information, and consent for us to collect, store and use it to communicate with you on all matters relating to the consultation(s).

2. You are not obliged to continue any sessions with us, and may at your own discretion terminate at any time the consultation(s) with advance notice in writing.

3. There is an offering of S$50 per session, payable to UEN: T08CC4053HRSM.

4. All our coaches and counsellors are qualified and registered practitioners with their respective professional associations, they will provide competent service and support to you / your child. For clarity, our sessions are not intended to replace the professional help which you / your child may need for the long term, or with doctors, if applicable.

5. When an online consultation is conducted, we shall take reasonable measures to protect your confidential information according to the laws of Singapore.

a. For online consultations, please ensure that you have been provided a password to enter the session.

b. To verify your entry into the session, please ensure that you use the email provided above to enter the session, and indicate your first name in the following manner: “John (johntan@acmail.com.sg)”

6. You agree to ensure that there shall be no form of recording of the online consultation by any means whatsoever.

a. If a recording is required, a request must be made before the session with the coach or counsellor. The coach or counsellor and attendee must both agree to a recording and this mutually agreed request must always be submitted to the Parish Priest for approval, which shall be final. Request, approval and consent must all be in writing.

7. When confidential information being disclosed involves the fact or prospect of harm being subjected to someone or yourself / your child, we are obliged to make the necessary report to the relevant authorities for your / your child’s safety and protection.

8. The experience in a traditional face-to-face session cannot be expected in an online session.

a. In the online session, you could experience time-lapsed, poor sound quality, and even terminated connection.

b. Under such circumstance, remain calm, be patient, and try to re-establish contact with a stronger internet connection.

c. In worst case scenarios, please try to reschedule the appointment.

9. You agree to the following:

a. To indemnify and defend the Church of Saint Mary of the Angels, its parish priest(s), staff, representatives, the coach(es), and the counsellor(s) against any and/or all demands, claims, suits or proceedings brought against them or any of them for losses or damages, costs and expenses incurred by them or any of them in connection with or arising from this and any subsequent consultation session(s), either in person or remotely or through any electronic means.

b. To indemnify and defend the Titular Roman Catholic Archbishop of Singapore (“TRCAS”), and the Regional Superior of the Franciscans (Singapore, Malaysia & Brunei), and the corporate entity which they represent, against liability in connection with or arising from this and any subsequent session(s), conducted either online or face to face.

I understand and accept this agreement in Part C and hereby consent to the consultation session(s) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of coach or counsellor) and to all the paragraphs stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name / Signature / Date

(Parent/Guardian’s name if person is under 21 years old)