



The British Psychological Society
Chartered Psychologist

"Chartered Psychologists here to help you break barriers and achieve goals in manageable stages".

REFERRAL & BOOKING FORM

Please fill in details carefully, read the terms and conditions of enrolment and sign below:

<p>CLIENT INFORMATION</p>	<p>Education / Training / Employment Details:</p>
<p>Full Name & Surname: _____</p> <p>Date of Birth: _____ Age: _____ Gender: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Home Telephone: _____</p> <p>Mobile: _____</p> <p>E-mail: _____</p>	<p>Student: _____</p> <p>Apprentice: _____</p> <p>Employed: _____</p> <p>Self-employed: _____</p> <p>NEET: _____</p> <p>Other (please specify): _____</p>
<p>Emergency Contact 1 <i>The person noted below must speak English and be available during dates of activity</i></p>	<p>Emergency Contact 2: <i>The person noted below must speak English and be available during dates of activity</i></p>
<p>Name: _____</p> <p>Relationship to you: _____</p> <p>Contact Number: _____</p> <p>E-mail: _____</p>	<p>Name: _____</p> <p>Relationship to you: _____</p> <p>Contact Number: _____</p> <p>E-mail: _____</p>
<p>Medical Condition/s i.e., Headaches/ Allergies /Back Issues/ Recent fractures or Broken Bones/ Asthma /Diabetes /Epilepsy / Heart Conditions / OCD/ ADHD/ Aspergers/ Autism/ Any other Mental Health Disorder (please specify)</p>	<p>Medications Currently Taken Please include full name(s) / dosage(s) and frequency</p>

<p>Additional Needs Information</p> <p>Please note any of the following: Visual Impairment/ Learning difficulty /Reading difficulty or Dyslexia/ Wheelchair user or other mobility.</p>	<p>Level of Support</p> <p>We also require details on the Level of support you need and what is currently in place for your successful participation on 1-2-1 sessions, group workshops or any other NYM programmes.</p>

Supporting You During Sessions (if required)

Please give details below of the person supporting you during the session (only if required):

Name: _____ Relationship: mother/ father/ friend/ partner/ other (specify) _____

Mobile: _____ / _____ E-mail: _____

Payment Details:

Barclays Business Account No: 23944131 Sort code: 20-76-90 Reference: Your Child's Full Name

***Upfront payment for Initial Assessment, 1:1 Sessions or Groupwork sessions are required 1-week in advance**

Cancellation Policy: No Refund Policy (under special circumstances, changes in session dates / times can be agreed)

***Navigate Your Mind and their programme partners can use your information to send you details of other related courses, workshops and / or activities through advertisements and/or newsletters?**

***Navigate Your Mind can take photos of you or your work from sessions (e.g., Art work or Lego creations) for use on their website or for service promotion (e.g., on leaflets)?**

Please tick the following box to indicate that you have read and understood all of the above Terms and Conditions

I have read and agree to the Terms and Conditions of enrolment.

Signed (participant): _____ Date: _____

Name (in capitals): _____

Please return this form completed and signed asap to: info@navigateyourmind.co.uk or +44 (0)7921 610251