



Catholic Social Services

COUNSELLING CONSENT FORM

Name _____
(First Names) (Surname)

Address _____

Phone Number _____ Home _____
_____ Mobile/Work _____

Date of Birth _____

General Practitioner _____

Any medication you are currently taking:

I _____ understand that the personal information discussed in our sessions is confidential and will not be revealed to another person without my permission, unless there is reason to believe that my safety or the safety of others is at risk. In particular, if risk of abuse of a child is identified it is understood that Catholic Social Services will make a notification to Child Youth and Family.

I understand that my counsellor may present non-identifying material for professional supervision.

Client Signature _____ Date _____

Witness _____
Updated 20/11/14