PST REGISTRATION FORM				
P 07_ _ _ _	**PST ASS**	**PST HIST**	**PST OG**	**£**
IA				

Do you work for Leeds Teaching Hospital Trust?		If **YES**. We have a contract with Leeds Teaching Hospital Trust enabling you to receive 8 sessions. You will need to bring your PHOTO ID to your First Appointment and complete a form detailing which department you work in.
YES	**NO**	

Your Name	Partners Name
Address	Address
Postcode	Postcode
Tel: home	Tel: home
Work	Work
Mobile	Mobile
Email	Email

If you have an answer phone may we leave a message? YES/NO
Does your Partner know you have contacted Relate? YES/NO
Can we contact you by email YES/NO

Please X below to indicate when you are available to come for your meeting with a counsellor.

	MON	TUE	WED	THURS	FRI	SAT
AM 9.30-12.30						
PM 12.30-5pm						
EVE 5pm-8pm						

Are you able to attend regular weekly session? YES/NO
Are you registered disabled? YES/NO
If so, do you have any special requirements. Please specify

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I/We request that you register me/us as RELATE clients & arrange an Initial Appointment for me/us as soon as possible. I/We enclose a pre-payment of £……. **(Please note that you will be charged for appointments not kept or cancelled within 48 hours notice). It will be assumed that information given on this form can be shared with both parties if you are attending as a couple.**

Signed …… Signed……..…… Date……
Return completed form to:- Relate, Oxford Chambers, Oxford Place, Leeds, LS1 3AX.
Or email to:- info@relateleeds.org.uk