Skype Appointment Registration Form

Name: ………………………………………………….

Address: ………………………………………………………………………………………

…………………………………………………………………State:……….. Postcode…………

Telephone: H………………… Mobile: ……………………. W: …………………………

Email address: (please print clearly) ……………………………. ……………………………………

Age : ………………… Male/Female: ………………………….

In case of emergency: Person to contact: ………………………………….

Telephone: H………………… Mobile: ……………………. W: ………………………

Relationship: ……………….

I …………………………………(print name) have read and accept the terms and conditions of the telephone/Skype counselling service.

 ………………………………………..(Signature) ………………….. (date)

Brief description why you want counselling: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

What would you like to achieve from counselling? …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Please select your preferred appointment times. (Unfortunately due to David’s heavy schedule he is only available during the following times.) **Please note session times are Australian EST for a period of 55 minutes. The session rate is $159.50 including GST.**

**Tuesday** 4.00pm 5.00pm

**Wednesday** 4.30pm 5.30pm

**Thursday**  4.00pm 5.00pm

**Friday** 3.30pm 4.30pm **Saturday** 8:30am

1st Choice……………………….. 2nd Choice……………………….. 3RD Choice ………………………..

**Payment Registration**

I have read and accept the terms and conditions of the telephone counselling service.

1: Email registration and card details: (Visa, Bankcard, Mastercard Only)

 Credit Card No: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

 CVV (3digits on back of card) \_\_\_ \_\_\_ \_\_\_

 Card expiry date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_

 Name on Credit card. ………………………………………………………………

2: E.F.T funds to Heavy M.E.T.A.L Group

Name of account: Heavy M.E.T.A.L Group Pty Ltd

Bank: NAB BSB: 083 547 Account No: 41183-7577

3: Email this registration with credit card details to the Heavy M.E.T.A.L Group hvymetal@bigpond.net.au

By sending your email you authorise the Heavy M.E.T.A.L Group to charge your credit card a non-refundable amount of AUS $159.50 including GST in the first instance. Further charges are only by agreement.

Once payment is received with registration details, our administration will confirm counselling session time and the Skype address or telephone No. David Nugent will be available for you on. Please note session times are for a period of fifty five minutes.

***Please note Integrity Guaranteed.***

As part of providing a counselling service to you, the psychologists / counsellors will need to collect and record personal information from you that is relevant to your situation. This information will be a necessary part of the assessment and treatment that is conducted.

Access: You may access the material recorded in your file upon request, subject to the National Privacy Principle 6.

Confidentiality: All personal information gathered by the psychologist / counsellor during the provision of the counselling service will remain confidential and secure except when:

1. It is subpoenaed by a court; or

2. Failure to disclose the information would place you or another person at risk; or

3. Your prior approval has been obtained to:

a. provide a written report to another professional or agency, e.g. a GP or a lawyer; or

b. discuss the material with another person, e.g. A parent or employer

\*\*If a third party such as TAC, WorkCover etc. fund your consultations, it may be necessary to provide reports to that funding organisation.

\*\*I hereby give my permission for information regarding my legal / medical / psychological status to be exchanged between my counsellor and a third party. I understand that my counselling sessions will be otherwise confidential but if the counsellor is concerned about my safety or the safety of others, then confidentiality may be waived.

Charter for Clients of Psychologist / Counsellor

Please take the time to read our Privacy Policy and 10 National Privacy Principles (NPP). These are available upon request.

I, (print name in block capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood this Consent. I agree to accepting the Cancellation Policy fee and understand this Consent Form. I agree to these conditions listed on this page, including the confidentiality waiver.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

*Please note, if after reading this page, you are at all unsure of what is written, please discuss it with your psychologist / counsellor.*