Counselling and Care Centre (UEN: S75SS0014F)

536 Upper Cross Street #05-241 Hong Lim Complex Singapore 050536 Tel 65366366

Fax 65366356

Individual Consultation Request Form

Personal details		
Name	Gender: Male/Female	Age:
Designation		
Organisation (if applicable)		
No. of years in social services	No. of years of counselling experience	
Education and Training Background		
Brief description of your current clientele / population		
What prompted your request for consultation at this point?		
Consultation goals/objectives *(Important note: We do not provide individual supervision or internship for fulfilment of requirements for completion of any formal training or qualified courses in counselling, social work or psychology etc.)*		
Request specification		
Frequency *(Note: No consultation for the months of June and December)* ❑ Monthly ❑ Bi-monthly ❑ Quarterly ❑ Others (please specify): _____ Number of hours per session ❑ 1 hour ❑ 1.5 hours ❑ 2 hours ❑ Others: _____ Preferred day of the month and time (with the exception of Wednesday afternoons) (*E.g. 1st Monday of each month, 9am-12pm; please indicate at least 2 choices*) Choice 1: _____ Choice 2: _____ Choice 3: _____		

Preferred mode (you may tick more than one):
❑ Live/ video/audio recorded consultation (minimum 1.5hrs per session)
❑ Case consultation
❑ Others (please specify): _____

Duration of consultation
❑ 1 year
❑ 2 years
❑ 3 years [maximum]
❑ Others : _____

(*Please note that minimum contract period is 6 sessions within a year to a maximum of 30 sessions that should be evenly spaced out and completed in a period of 3 years. Contract with the same consultant is renewable up to 3 consecutive years.*)

Preferred Date of Commencement:_____

*(Please give **at least 2 months** from your date of submission of this request form.)*

Please state any other requests you may have:

Billing
Please tick:
❑ Self paying
❑ Agency/Organisation sponsored

Submitted by: (Name) _____

Please state designation and organisation if above name is different from the applicant: _____

_____

Contact number: _____ Email: _____

Date of submission: _____

Note: Please submit this form to training@counsel.org.sg

For Official Use
1st session date:
2nd session date:
Please book subsequent dates upon every visit.