Friends of **Fairford** and **Lechlade** Communities
(Reg. Charity No: 1180059)

Cotswold Counselling Application Form

Please read the accompanying Application Guidelines on our website before completing this form
All sections MUST be completed

Applicant's Name This will be our Key Contact Person	
Applicant's Address and Postcode	
Applicant's Contact Phone Number	
Applicant's Email Address	
Is this application for counselling for you or someone else?	Applying for me/Applying on behalf of someone else
If you are applying for someone else, please fill in their details below:	
Name	
Address and Postcode	
Your relationship to this person	

Please give the age and date of birth for the person the counselling is for:

Age	
Date of Birth	

Please give some details about what you would like support with:

Please outline below if the young person is currently receiving any counselling or support for their mental health. Please also include here if they are on any waiting lists for additional support:

Declaration:
I have included Proof of Identity Yes/No (*Please delete one)*

Date ……..
Signed …….. (Please type for emailed applications)

Please tell us how you found out about this funding:

Please note: Approved applications are for six to eight fully funded counselling sessions for young people aged 11 to 18. These sessions will take place weekly with an experienced Cotswold Counselling counsellor at Fairford Therapy Centre.