

The Manna House Counselling Service

UoN Innovation Centre, Green Street,
Northampton NN1 1SY

Tel: 01604 633304

E-mail: mhcs@mannahouse.org.uk

Web: www.mannahouse.org.uk

Manna House

Counselling Service



Serving the Community

APPLICATION FORM

(First names)

(Surname)

Name: _____

Address: _____

Post Code: _____

Contact Details: Email: _____

Best form of contact: email Mobile

Mobile: _____ Home: _____

Home Post

Date of Birth: _____ Age: _____ No of Children: _____ No of Dependant Children: _____

Emergency Contact Name _____ Emergency Contact Number: _____

Will the emergency Contact be aware that you are receiving counselling? Yes / No

Gender: Male: Female: Transgender: Non-Binary: Other (Specify) _____ Withheld:

Sexuality: Heterosexual: Bi-Sexual: Lesbian: Gay: Withheld:

Marital Status: Single: Married: Co-Habiting: Divorced:
Widowed: Separated: Civil Partnership: Withheld:

Occupational Status: Student Employed Unemployed Self Employed Retired

Occupation: _____

Religion: Buddhist Muslim
Christian None
Hindu Other
Jewish Withheld

Are you currently a member of a church or religious group? Yes / No

If yes, please enter name of church or Group: _____

Ethnicity: African Pakistani Black British
Asian British Traveller or Irish heritage Caribbean
Bangladeshi Unknown White British
Chinese White and Asian Indian
Gypsy/Roma White and Black Caribbean Withheld

Other: Please specify _____

Please state the nature of the main problem you wish to discuss: _____

Have you consulted anyone else about this problem? Yes / No

If yes, whom? _____

Are you still seeing them? Yes / No

Do you consider yourself disabled? Yes / No

If yes, are your day to day activities limited due to your disability or a health issue? Yes / No

Please specify: _____

Do you require Wheelchair access? Yes / No

GP Details

Name of Doctor: _____ Surgery Name: _____
Any current treatment / medication? _____ Surgery Address: _____

Are you a Smoker? Yes No Vape Withheld

Who referred or recommended or how did you find out about the MHCS? _____

Preference of counsellor: (Male, Female, No Preference) _____

Preferred Counselling Method: In Person Online Telephone

Every effort will be made to offer counselling at a time convenient for you however, would you be able to attend an initial assessment between Monday-Friday, 9am-3pm? Yes / No
(This would be a "one-off" appointment.)

Please indicate the days and times you are available for counselling: _____

NB. If you can be flexible, the waiting time is likely to be shorter

Pay what you can afford.

As a Christian Counselling Charity we want everyone to benefit from our services irrespective of ability to afford the real cost of counselling at £55 per session. However, we have to pay our way and are dependent on the kind generosity of our clients, volunteers, churches and supporters.

For 2024 we hope to introduce a new simple four tier system called – Pay What You Can Afford.

This would replace the old sliding scale based on client household income and would be easier to implement, bring consistency and transparency to the need to ask clients to pay what they can afford for our services:

Supporter £55 per session this enables others to be supported

Standard £45 per session covers most costs and what ideally, we need all adults to pay

Supported £20 per session for those struggling financially at the moment

Bursary Funded Whenever available our bursaries provide up to 12 counselling sessions in total. These can be provided free of charge before then rising to £45 per session. Please speak with Bernadette, Neil or Sheila to see if a bursary or PCI Contract funding is available for clients unable to afford £20.

Please sign, date and return this Application Form to the address overleaf, and pay the £20.00 administration fee which can be paid by Cheque made payable to M.H.C.S. by card, Applepay and Googlepay at our office, by telephone.

By signing this you:

1. Give us permission to keep your data on our files
2. Agree, if there is any funding available when you commence your sessions, to your data being entered on the Mental Health Northants Collaboration (MHNC) secure database for the purpose of improving the provided services.
(be assured no personal information will be shared).
3. Agree to MHCS contacting your GP.

4. £20 Admin fee has been paid by: Cheque Cash Card Phone Bank Transfer

Acct Name: **The Manna House Trust**, Sort Code: **08-90-73** Acct Number: **50136872** (use your surname as reference)

Please be aware that failure to pay the admin fee will result in your application being put on hold

Signature: _____

Date: _____