

**The Manna House Counselling Service**  
University of Northampton 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 name)

(Surname)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Contact Details:** Email: \_\_\_\_\_ **Best form of contact:** email  Mobile   
Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Home  Post

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Gender:** Male:  Female:  Transgender:  Non-Binary:  Other (Specify) \_\_\_\_\_ Withheld:

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

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

**Occupation:** \_\_\_\_\_ **Are you a Smoker?** Yes / No \_\_\_\_\_

**Religion:** Buddhist  Muslim   
Christian  None   
Hindu  Other   
Jewish  Withheld   
**Are you currently a practising member of a religion or group?** Yes / No \_\_\_\_\_  
If yes, please can you give details:  
\_\_\_\_\_

**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?**

Please specify: \_\_\_\_\_

**GP Details**

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

<b>Ethnicity:</b>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black British	<input type="checkbox"/>
	Asian British	<input type="checkbox"/>	Traveller or Irish heritage	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	White British	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Withheld	<input type="checkbox"/>

Other: Please specify \_\_\_\_\_

**Who referred or recommended or how did you find out about the MHCS?** \_\_\_\_\_  
\_\_\_\_\_

**Preference of counsellor:** (Male, Female, No Preference) \_\_\_\_\_

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

**For 2024 we have introduced a new, simple four tier system called – Pay What You Can Afford.**

This starts at £20 per session and rises to £55 per session (which is the real cost of counselling). If you are unable to afford this, then please do speak with us. We do have some funded bursaries which may be available and these provide 12 sessions free. Please sign, date and return this Application Form to the address overleaf, and pay the £15.00 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  
(MHCS's Data Protection Policy can be found on our website: [www.mannahouse.org.uk](http://www.mannahouse.org.uk))
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. £15 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:** \_\_\_\_\_