



When submitting a form for bereavement counselling, please consider the commitment this takes and if you are ready for counselling, if you are not sure, you can discuss this with us, we are here to help

**Charlies-Angel-Centre Foundation Bereavement Counselling Assessment Form**  
**Registered Charity Number 1172233**

**Name**

**Address**

**Phone Number**

**Date Of Birth**

**Male or female**

**Email**

**GP Details**

**Who can we contact in case of an emergency? Family, friend, please include a telephone numbers**

Note, we will not normally contact this individual and will only do so if we assess you as being at serious risk. In the unlikely event that we need to contact him/her, we will only do so on a; need to know basis & and where possible, in consultation with you.

**Would you like to be contacted by Email or Telephone?**

**Would you prefer face-face, zoom or telephone counselling**

**Your Availability {Please Tick}**

**Day Time**

**Evening**

**Weekend**

**Where did you hear about our service?**

**Please give brief details of why you wish to access this service**

**Pre-assessment.**

**The aim of this form is to help the counsellor who you will be assigned to understand whether you have any previous mental-health history and whether any health considerations need to be in place during your sessions.**

Diabetes

Epilepsy

Respiratory condition e.g. Asthma

Physical disability such as impaired sight, hearing mobility etc.

Eating disorders

Stress

Mood disorders (such as depression or bipolar

disorder) anxiety disorders

Personality disorders

Trauma-related disorders (such as post-traumatic stress

disorder) Psychotic disorders (such as schizophrenia)

Substance abuse disorders

Violent or aggressive

outbursts

None

**Signature**

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Charlie's Angel Centre Foundation Bereavement Counselling Equal Opportunities  
Monitoring Form

Charlie's Angel Centre Foundation is committed to ensuring that all service users are treated equally, without discrimination so gender, sexual orientation, marital or civil partner status, gender reassignment, race ,colour, nationality, ethnic or national origin, religion or belief, disability or age. This for mis intended to help us maintain equal opportunities best practice and identify barriers to equality and diversity.

The information on this form will be used for monitoring purposes only and will play no part in the counselling assessment process. All questions are optional.

You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be.

All information supplied will be treated in the strictest confidence.

**Gender**

**Age Group: 16-24/ 25-44/ 45-64 / 65-80/**

**Do you live and work in a gender other than assigned at birth?**

- Yes
- No
- Prefer not to say

**Please select the option which best describes your sexuality**

- Lesbian/Gay
- Heterosexual
- Bisexual Asexual
- Other
- Prefer not to say

**The Equality Act 2010 protects disabled people. Do you consider yourself to have a disability?**

- Yes
- No
- Prefer not to say

**If you ticked yes, please state the impairment(s) which apply to you**

- Physical Impairment
- Sensory Impairment
- Mental Health Condition
- Learning Disability/Difficulty
- Long-Standing illness other

**How would you describe your religion or belief?**

- Atheism
- Islam
- Buddhism
- Christian
- Hinduism
- Sikhism

**I would describe my ethnic origin as:**

Asian  
Bangladeshi  
Indian  
Pakistani  
Other

**Black**

Black African  
Caribbean  
other

**white**

White British  
Irish  
other

**mixed**

Asian & White  
Caribbean & White  
Black African & White  
Black Caribbean & White  
Other

**Other Ethnic Group**

Chinese  
Other ethnic group  
Undisclosed

I do not wish to disclose my ethnic origin

Thank you for taking the time to complete this form

