

MEET in Oxford

Making **E**MDR and **E**nergy **T**herapies more accessible in Oxford

at 43 St Giles OX1 3LW on Mondays

www.meetinoxford.org

meetinoxford@gmail.com

07531 195 291

Please fill in this form if you would like therapy for yourself and return it to **MEET in Oxford** by email or by post to the address above.

All information on this form will be treated as confidential. We will be in contact with you within 14 days of receiving this form.

YOUR CONTACT DETAILS

Family Name:	First Name
Date of Birth:	Gender
Address:	
Phone numbers (including mobile):	
Email:	
What is the best time and way to contact you?	

Please tell us briefly why you are looking for trauma focused therapy

Please tell us about any special needs you may have

I confirm that :

- I am looking for therapy because my life is seriously affected now by difficult experiences in the past.
- I have ongoing support available (if needed) for such issues as benefit claims, housing, court cases or immigration status.
- I am unable to pay the usual fees for private therapy or access appropriate trauma therapy through the NHS or insurance.
- I am available to attend sessions at 43 St Giles on Mondays.
- I consent to MEET using my personal data in accordance with General Data Protection Register 2018 (GDPR) as outlined below.
 - We keep computer and hard copy records in order to follow the progress of clients' therapy.
 - We use strong passwords on computers and keep written records in a locked filing cabinet.
 - We will not disclose or provide client details to a third party without their written permission.
 - We may compile anonymous statistical data from time to time.
 - We keep client records for a period of seven years after therapy finishes in accordance with the requirements of our insurers.
 - If you would like access to your data or have any concerns about the use of your personal data you can contact Hugh Palmer on the email meetinxford@gmail.com
- I would like to have an assessment for Trauma focused therapy from **MEET in Oxford**

Signature Date

Typed signature is acceptable

Please let us have the name and contact details of your GP or other professional who knows you well. We would like your permission to make contact to check that the service **MEET in Oxford** is offering is right for you.

Name	
Profession/Organisation	
Address	
Email	
Phone numbers	

I give permission for MEET in Oxford to correspond with the person named above in relation to my request for Trauma focused Therapy.

Signature *Typed signature is acceptable*