

MEET in Oxford

Making EMDR and Energy Therapies more accessible in Oxford

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www.meetinxford.org

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 will be treated as confidential.

YOUR CONTACT DETAILS

Family Name:	First Name:
Date of Birth:	Gender:
Address:	
Phone numbers:	
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 would like to have an assessment for trauma focused therapy from MEET in Oxford.
- 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 not actively suicidal.
- I am unable to pay the usual fees for private therapy or access appropriate trauma therapy through the NHS or insurance.
- 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, please email admin@meetinxford.org or write to us at the above address.

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 offers 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*