



# Counselling / Therapy Support Request Form

Never worry about asking for help!

## Full Name \*

First Name

Last Name

## Contact Number \*

Please enter a valid phone number.

## Email Address \*

example@example.com

## Address \*

Street Address

Street Address Line 2

Town/city

County

Post Code

## How did you find out about Harry's Pals? \*

**How old is your child with the illness or disability? \***

**What is your child's diagnosis? or if your child doesn't yet have a diagnosis please describe their symptoms or health concerns as best as you can \***

**When did you receive this diagnosis? \***

## **Counselling and Therapy**

**What difference would this make to you at this time? \***

**Do you have a preference for either in-person sessions or virtual sessions? \***

**Is self-funding for your required support not an option? Can you explain why this isn't possible at this time? \***

**Would you be happy to share your feedback/photos to help us raise awareness of our services and to fundraise to help more families? \***

Yes

No

Yes but anonymously

**Are you happy for us to share your information with counsellors or therapists so that we can get you the right support? \***

Yes

No

**Is there anything else that you would like to tell us or that we should consider?**