



BAITH UL ZAHRA

COUNSELLING – REGISTRATION FORM

All clients are required to register once to receive counselling services at Baith Ul Zahra.

FULL NAME:		DATE:
DOB:	GENDER:	
ADDRESS:		
EMAIL	PHONE NUMBER	
WHAT IS PREFERRED TO MODE OF COUNSELLING?		
<input type="checkbox"/> FACE TO FACE <input type="checkbox"/> PHONE CALL <input type="checkbox"/> ONLINE SESSION		
WHAT IS YOUR PREFERRED PAYMENT METHOD:		
<input type="checkbox"/> CASH <input type="checkbox"/> EFTPOS <input type="checkbox"/> DIRECT BANK TRANSFER		
CLIENT SIGNATURE: IF CLIENT IS A CHILD UNDER 18, THEN PARENT/ LEGAL GUARDIAN NEEDS TO SIGN		
THANKS FOR FILLING THE FORM. PLEASE PROVIDE THIS FORM TO ADMIN OR SEND A COPY VIA HR@IHUNAR.ORG		