

Application Form for Wellbeing Sessions

Name of client/child:

DOB:

A brief description of what you're looking for (what you're looking to work on for yourself, what kind of things you enjoy doing, what your current situation is):

Allergies (food or otherwise):

Any additional needs (access, medicines etc):

Any known risk taking/potentially dangerous behaviours:

Emergency contact details

Name: _____ Relationship: _____ Contact number: _____

Sessions are run Mon-Fri, 9-5 daylight allowing, and during school holidays. I will do always do my best to make sure everyone has the session times closest to their preference, but this does depend on availability.

How many hours/days a week you are thinking of:

Any times that don't work for you (e.g. within school hours, or particular times of day you struggle with like getting up early or having energy later on):

Any additional information. Please feel free to include anything you think might be relevant to the sessions, or any way I can help cater to making the sessions as accessible and beneficial as possible.

Please sign here to confirm that everything you have written is the truth to the best of your knowledge, and that you understand that any needs or behaviours not disclosed on this form may lead to sessions being unable to continue. "Georgie EAQ" always reserves the right to terminate sessions with a client, particularly for reasons of safety (for staff, animals and clients).

Signed: _____

Print name: _____

Date: _____

Please return this form to myself at georgieeq@gmail.com. I will then get in contact with you to arrange an initial visit at no cost, where you are welcome to come for a look at the centre and to ask any questions you might still have, which will take around 20-30 minutes. We can then arrange an initial 45-minute taster session.

