



Client Registration Form
Counseling Services

L 14, 3 Parramatta Square
153 Macquarie Street
PARRAMATTA NSW 2150

Phone: 02 9615 9779
Mobile: 0406 039 526
E-mail: info@jedul.com.au

Date:/...../2021

1. Tell us about you

First name:
Last name:
Email:
Contact phone:

2. Your current Location:

3. Purpose of contact: I want to

- a. Participate in Professional Development Program
b. For my education matters
c. I am seeking counselling
d. I have few concerns
e. I am having troubles in relationship
f. I am suffering from financial hardship
g. I do not know what happened
h. I do not know what to do?
i. I am too much stressed out
j. I do not want to go to work
k. I am dismissed by my employer
l. I am domestic violence victim
m. Something else,
Please specify below in short:

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4. Could you tell me if anyone is with you now or you want to include someone?

- Yes
• No
• Not sure yet
• If yes, please mention relationship of that person with you.
• Name of that person:.....
• Age:

5. Equity and diversity:

Do you have any special needs? Please circle

No or Yes

- a. No, I do not require any adjustment.
If yes, please tick below as applicable to you.
b. Yes, I cannot attend physically.
c. Yes, I cannot attend alone.
d. Yes, but I require lift and wheelchair facilities
e. Yes, I require escalator as I have baby in pram.
f. Yes, I feel frequently thirsty but I cannot carry enough water bottles with me.
g. Yes, I need a private place
h. Yes, I prefer telephone counselling
i. Yes, I prefer online counselling
j. Yes, I cannot speak and understand English well
g.1. Which language do you speak?
k. Yes, I need Hearing Impaired /Disability Access/Visual Impaired
l. Other adjustment, please mention here.

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5.1. Do you wish to be contacted by us in future for more information about our services? Please circle.

Yes/No

I read and understood that the information and have selected the most suitable options upon my decision. I also understand that jEdu'L will endeavor to find the best option for me as per my request. I agree to proceed with my application.

Signed:Date:.....

Form received by: Staff name:

Position:Office:

*Completing & submitting this Form means giving consent to us to use personal information for the purpose to serve you.