

**"I confirm that I wish to attend the counselling meeting/s with Margherita Sacca. I confirm that I read and agree with the Counselling Agreement of Margherita Sacca and its Terms and Conditions.**

**My full name is \_\_\_\_\_;**

**My date and place of birth is \_\_\_\_\_;**

**My home address is \_\_\_\_\_;**

**My email address is \_\_\_\_\_;**

**My mobile number, and house number (if any), are: \_\_\_\_\_;**

**My next of kin full name and relation to me (friend, partner, mother, etc.), phone and address are:  
\_\_\_\_\_;**

**My GP clinic/name and address are \_\_\_\_\_  
\_\_\_\_\_."**