

**REGISTRATION AND CONSENT FORM
YOUTH COUNSELLING SERVICE 12-17 YEARS
APPOINTMENTS 2026/2027**

YOUNG PERSON'S DETAILS

Young person's name: _____ Date of birth: _____
Young person's gender: _____ Preferred pronouns: _____
Young person's address: _____

PARENTS/GUARDIANS DETAILS

Parent/Guardian 1

Name: _____

Address: _____

Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Address: _____

Phone: _____

Email: _____

EXAMS

Young person sitting State Exams in 2027? Junior Cert ☐ Leaving Cert ☐ Neither ☐

Why do we ask? This is for scheduling purposes only, so we can plan appointments around exam times.

SUPPORT

Does your young person have any accessibility needs? Yes ☐ No ☐

If yes, please state here:

Please state if the young person named above has any physical or mental health conditions that we should be aware of:

Is the young person taking any medication we should be aware of? If yes, please specify:

Is there anything else you feel the Counselling Coordinator should be aware of to support the young person?

If yes, please state:

How did you hear about our Youth Counselling Service?

EMERGENCY CONTACT IF YOU ARE UNAVAILABLE

Emergency contact name: _____

Relationship to young person: _____

Phone no: _____

Name and phone no. of Family Doctor/GP:

YOUNG PERSON'S ETHNIC IDENTITY

- | | |
|---|--|
| ☐ White Irish | ☐ Black Irish |
| ☐ Irish Traveller | ☐ Black African |
| ☐ Roma | ☐ Other Black background |
| ☐ Other White background | |
| ☐ Asian Irish | ☐ Arab |
| ☐ Asian Indian | ☐ Mixed group/background |
| ☐ Chinese | ☐ Another ethnic group not listed above |
| ☐ Other Asian background | |

If mixed or another ethnic group, please describe (optional):

- ☐ I don't want to say

Why do we ask? To ensure our service is accessible to all

CONSENT

Please tick each box to give your consent. Consent must be actively given by ticking — a signature alone is not sufficient.

- ☐ I consent to the personal information contained on this form being used only for the purpose for which it is given. I understand that this information will be stored securely by the Youth Counselling Service within Youth Work Ireland Galway.
- ☐ I consent to counselling appointments taking place over the telephone or on an internet application, when agreed by both parties.

A copy of Youth Work Ireland Galway's Data Protection Privacy Policy is available on request or at www.youthworkgalway.ie.

Signed:

Date:

Please return this form to: Youth Counselling Administrator,

**Youth Work Ireland Galway,
197 Castle Park, Ballybane, Galway**

Contact number: 087 1209425

Email: counselling@youthworkgalway.ie

Please mark post or emails confidential