

**REGISTRATION FORM
YOUTH COUNSELLING 18–24 YEARS
APPOINTMENTS 2026/2027**

YOUR DETAILS

Name:

Gender:

Preferred pronouns:

Date of birth:

Phone no:

Email address:

Address:

EXAMS

Are you sitting the Leaving Cert State Exams in 2027? Yes ☐ No ☐

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

SUPPORT

Do you have any accessibility needs? Yes ☐ No ☐

If yes, please state here:

Please state any physical or mental health conditions we should be aware of: _____

Are you taking any medication we should be aware of? If yes, please specify:

Is there anything else you feel the Counselling Coordinator or Counsellor should be aware of?

How did you hear about our Youth Counselling Service?

EMERGENCY CONTACT

Emergency contact name:

Relationship to you:

Phone no:

Name and phone no. of your Doctor/GP:

ETHNIC IDENTITY

- ☐ White Irish
- ☐ Irish Traveller
- ☐ Roma
- ☐ Other White background

- ☐ Black Irish
- ☐ Black African
- ☐ Other Black background

- ☐ Asian Irish
- ☐ Asian Indian
- ☐ Chinese

- ☐ Arab
- ☐ Mixed group/background
- ☐ Another ethnic group not listed above

☐ Other Asian background

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

☐ I do not 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