**THIRD THURSDAY TIME [TTT]**

Holy Cross, Catford

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Contact number and/or email: |  |
| Name and number of family member or friend who can be contacted : |  |

|  |
| --- |
| Is there anything you would like to let volunteers know about how you may appear if you are very distressed?If you become distressed, what helps you to feel safe? What can we do? |

I agree not to bring alcohol, drugs (including prescription drugs) or sharp objects to the session.

I understand no photographs, voice recordings or films are made in the session without signed consent.

I understand that my personal information is confidential to group leader volunteers, who may not discuss it with anyone else, and written information is kept in a safe to which only group leader volunteers have access.

Signed:

Date: