

CORE BELIEFS

Registration Form

Personal Information:

Title: _____

Name: _____

Postal Address: _____

E-mail: _____

Contact Numbers: (H)_____ (M)_____

Date of Application: _____

If applicable, please circle your individual therapist's name below:

- | | | | | |
|---------|--------|----------|------------|---------|
| Heather | Nerida | Rowena | Anne-Marie | Marissa |
| Louise | Ester | Jennifer | Clare | Nicole |

Do you have any special dietary requirements? (If so, please specify):

By registering for this Group Program I agree/understand:

- That to the best of my knowledge, I am not aware of any other persons I know attending the group
- That if I cancel within 24 hours of the commencement date, I will be billed for the full cost of the program
- To give permission for Dr Sarah Cotton to speak with my individual Psychologist (if appropriate) prior to the commencement date

Signature _____

Note: Full payment is due on the day of Group commencement; and more detailed program information and confirmation of attendance will be sent by the Practice Administration Manager in advance of the first session.