EMPOWERED CHILDLESSNESS

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DATE OF ENQUIRY:

YOUR NAME

CONTACT DETAILS (telephone / email / postal address):

WHAT HAS DRAWN YOU TO EMPOWERED CHILDLESSNESS

WHAT ARE YOU FINDING CHALLENGING RIGHT NOW?

WHAT KIND OF SUPPORT / OUTCOME ARE YOU HOPING FOR?

ANY ADDITIONAL NEEDS OR CIRCUMSTANCES

ANYTHING ELSE YOU THINK WOULD BE USEFUL FOR ME TO KNOW?

WHERE DID YOU HEAR ABOUT EMPOWERED CHILDLESSNESS & GRIEVE WITH GUSTO LIVE?

**PLEASE EMAIL AND RETURN THIS FORM TO ME AT:**

[**helen@empoweredchildlessness.com**](mailto:helen@empoweredchildlessness.com?subject=Referral%20form)

Please note: any information included on this form is to enable me to consider how best I may help you, and where necessary a recommendation to alternative and / or additional services will be provided. By filling in and returning this form you are giving me consent to collect this information for preliminary assessment purposes. A full data protection privacy notice will be given to you for consent and signing when payment is received. Should you decide not to proceed with Grieve with Gusto Live, this form will be immediately deleted from all records and none of your information will be retained whatsoever.