

20 بِسْمِ اللهِ الرَّحْمٰنِ الرَّحِيمِ 30

THE MUSLIM LAW (SHARIAH) COUNCIL UK

20 – 22 Creffield Road, Ealing, London W5 3RP Tel: +44(0) 20 3410 0743

Lines are open: Monday to Thursday, 11:00 am – 3:30 pm Email: info@shariahcouncil.org Web: www.shariahcouncil.org (ESTABLISHED IN 1985)

Counselling Services Form

Date:

Type of counselling: [] Pre-marital counselling				
1. Personal Details and Preferences:				
Name of applicant:	Name of spouse (if for couples):			
Address:	Address (if different to applicant):			
Date of Birth:	Date of Birth:			
Ethnicity:	Ethnicity:			
Contact number:	Contact number:			
Email:	Email:			
Employment status (and occupation):	Employment status (and occupation):			
Date of Nikah:	Number of children:			
Do you live in your own home or with in-laws?	Number of sessions required: (leave blank if unsure)			
Method: [] Onsite (London) [] Online [] Either	Therapist: [] Male [] Female [] Either			



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3. `	What do you hope to achieve from the session(s)?
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4. Have you participated in	counselling previously? If yes, please state when and
with whom.	
Please email the completed applica	ation form to info@shariahcouncil.org
	to make a payment according to the number of sessions y payments until your application is approved.
OFFICE USE ONLY	
D. C. C.	
Date of receipt:	Appointment:
Number of sessions:	Fee: