

# Intent to Participate Worry Therapeutic Group

Name	
Mailing Address	
Telephone Number	
E-mail Address	
Date of Birth	

Tell us more about why you're interested in this group. How worry currently impacting you?

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<hr/> <hr/>	By initialing here, I acknowledge that this form does not guarantee my registration into this program. This form allows Clannad Counselling & Consulting to contact me to set up my free appointment.
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Signature

Date (dd-mm-yyyy)

Completed forms can be e-mailed to [info@clannad.ca](mailto:info@clannad.ca) or faxed to (902) 365-2630.

The information collected on this form will only be used for the intention in which it was provided and collected.

