



BACH COUNSELLING GROUP

COVID-19 HEALTHCARE WORKER PRO BONO APPLICATION

Applicants Name: _____

Email: _____ Mobile: _____

Employers name: _____

Email _____ Phone Contact _____

I, _____ am employed as a healthcare worker

With _____ organization in the position

Of, _____ at _____ (location).

I am seeking mental health support offered by the Bach Counselling Group pro bono for healthcare workers providing service to those suffering as a result of COVID-19. This application verifies my employment status and request for virtual counselling services.

I give BCG permission to contact me via my email or phone?

I prefer phone or video counselling?

I have a computer and high speed wifi and or data for the video call?

I have a private place for the counselling appointment?

I prefer my appointment to be in English or Farsi?

Once completed, please email to bachcounsellingoffice@gmail.com.

Date: _____

Client Name: _____ Client Signature: _____

Employer's Name: _____ Employers Signature: _____

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WWW.BACHCOUNSELLING 604 904-0898 INFO@BACHCOUNSELLING.COM



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