

المجلس الإسلامي للساطة والتحكيم

THE ISLAMIC COUNCIL
for mediation & arbitration

Counselling

APPLICATION FORM

Name

Address

Occupation

Contact no.

Email

What would you like to talk
about?

Details:

How long have the above
issues been going on?

Do you have any medical
conditions?

Details

Do you take any medication?

Details:

Do you have any preferences on who should be delivering the counselling?

Details:

Please note all our staff are outstanding practitioners and maintain a professional and quality service based on Islamic values.

Do you have a preferred time/date for the session?

Note: we will endeavour to meet preferences subject to availability

Do you have any further requests from the Islamic Council? Or Are there any other matters you would like the Islamic council to be aware of?

Details:

How did you come to hear of the Islamic council?

(these could appear perhaps: TV ad, Radio ad, google, papers: Asian News, my local Bazar, friend/family)