THE E FACTOR

Pastoral Counselling — Client Intake Form

1. CLIENT DETAILS

Full name and surname: _____

Preferred name: _____

Date of birth: _____

ID / Passport number: _____

Residential address: _____

Mobile / WhatsApp number: _____

Email address: _____

Occupation: _____

Marital status: _____

Emergency contact — name and relationship:

_____

Emergency contact — telephone number:

_____

2. REFERRAL & REASON FOR COUNSELLING

How did you hear about The E Factor?: _____

Who referred you, if applicable?: _____

Briefly describe the main reason you are seeking counselling:

: _____

: _____

: _____

: _____

3. AREAS YOU WOULD LIKE HELP WITH

☐ Relationships / marriage / family

☐ Grief / loss / life transition

☐ Work / career / finances

☐ Personal growth / life direction

☐ Stress / anxiety / emotional wellbeing

☐ Addiction / recovery

☐ Faith / spiritual questions

☐ Self-esteem / confidence

☐ Anger / conflict

☐ Other

If other, please explain: _____

4. BACKGROUND INFORMATION

Important family or relationship circumstances:

: _____

Significant recent events or changes:

: _____

Previous counselling / therapy / pastoral support:

: _____

Current medication or medical treatment (if relevant to your counselling):

: _____

Other information you believe would help your counsellor understand your situation:

: _____

5. SAFETY & SUPPORT

☐ I currently feel safe in my home and relationships.

☐ I have someone I can contact for support if needed.

☐ I am currently experiencing thoughts of harming myself or another person.

☐ I am currently experiencing abuse, threats or serious danger.

If either of the last two statements is checked, please discuss this with the counsellor before the session continues.

Additional information the counsellor should know:

_____

6. PASTORAL / CHRISTIAN PREFERENCE

☐ I am comfortable with prayer and Christian Scripture being included where appropriate.

☐ I would prefer counselling without prayer or Scripture.

☐ I would like spiritual matters to be part of my counselling.

☐ I would prefer spiritual matters not to be discussed unless I raise them.

Church / faith community (optional): _____

7. CLIENT CONFIRMATION

I confirm that the information I have provided is, to the best of my knowledge, accurate. I understand that pastoral counselling is intended to provide support, guidance, reflection and personal development. It is not a substitute for medical, psychiatric or emergency care. Where a matter falls outside the counsellor's competence or requires specialist care, I understand that I may be encouraged or referred to an appropriately qualified professional.

Client signature: _____

Date: _____

Counsellor signature: _____

Date: _____

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Pastoral Counselling — Informed Consent, Confidentiality & Indemnity

1. NATURE OF THE SERVICE

The E Factor Pastoral Counselling provides pastoral counselling, supportive listening, mentoring, life guidance and Christian-based counselling where requested or appropriate. The service is not presented as medical treatment, psychiatric treatment, or a replacement for emergency or specialist healthcare services.

2. VOLUNTARY INFORMED CONSENT

☐ I am choosing to participate in counselling voluntarily.

☐ I understand that I may ask questions about the counselling process at any time.

☐ I understand that I may stop counselling or request a referral at any time.

☐ I understand that counselling may involve discussing personal, emotional, family, relationship and spiritual matters.

3. CONFIDENTIALITY

The E Factor will treat client information and counselling discussions as confidential and will take reasonable steps to protect records and personal information. Confidentiality may, however, be limited where disclosure is required or permitted by law, where there is a serious and foreseeable risk of harm, where safeguarding concerns arise, or where the client gives permission for information to be shared. The counsellor may also recommend referral to another professional where this is in the client's best interests.

☐ I understand the confidentiality arrangements described above.

4. POPIA — PROCESSING OF PERSONAL INFORMATION

I consent to The E Factor collecting and processing my personal information for purposes reasonably connected with providing counselling, communicating with me, scheduling appointments, maintaining appropriate client records, administration, invoicing where applicable, and meeting legal or professional obligations. I understand that I may request access to or correction of my personal information, subject to applicable law. My information will not be shared with third parties for unrelated purposes without appropriate consent or another lawful basis.

☐ I consent to the processing of my personal information for the purposes described above.

☐ I understand that I can ask how my information is being stored, used or shared.

5. COMMUNICATION

☐ I consent to appointment and administrative communication by telephone.

☐ I consent to appointment and administrative communication by WhatsApp.

☐ I consent to appointment and administrative communication by email.

Note: Electronic communication may carry privacy/security risks. The E Factor will take reasonable precautions but cannot guarantee absolute security.

6. LIMITATION OF LIABILITY / INDEMNITY

I understand that counselling involves personal reflection and that outcomes cannot be guaranteed. I accept responsibility for my own decisions, actions and choices arising from counselling discussions. To the extent permitted by South African law, I agree that The E Factor and the counsellor are not responsible for loss or damage arising solely from my voluntary decisions or actions following counselling, provided that nothing in this agreement excludes or limits any liability that cannot lawfully be excluded or limited, including liability arising from gross negligence or any right protected by applicable consumer protection legislation.

This clause is intended to record informed consent and reasonable allocation of responsibility; it is not intended to waive any right that cannot legally be waived.

☐ I have read and understood the above limitation-of-liability and indemnity wording.

7. EMERGENCY & SPECIALIST REFERRAL

I understand that The E Factor is not an emergency service. If I am in immediate danger, or if a situation requires urgent medical, psychiatric, psychological or other specialist intervention, I understand that I may be directed to appropriate emergency or specialist services.

☐ I understand the limits of the counselling service and the possibility of referral.

8. FEES, CANCELLATIONS & APPOINTMENTS

Agreed session fee (if applicable): _____

Cancellation / missed appointment arrangement: _____

Any fees, cancellation terms or other commercial terms will be explained to the client before they apply.

9. CLIENT DECLARATION

I confirm that I have read this form, had the opportunity to ask questions, and understand the nature and limits of pastoral counselling. I voluntarily consent to counselling with The E Factor Pastoral Counselling. I understand that this document should be read together with any applicable practice policies and that nothing in it removes rights that cannot legally be excluded.

Client full name: _____

Client signature: _____

Date: _____

Counsellor full name: _____

Counsellor signature: _____

Date: _____

10. FOR OFFICE USE

Client file / reference number: _____

Date first seen: _____

Review date: _____

Referral made? If yes, where?: _____

Additional notes: _____

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Pastoral Counselling — Practice Note

These forms are designed as a practical starting point for The E Factor Pastoral Counselling. Because this practice operates in South Africa and the indemnity/limitation wording can have legal consequences, the final version should be reviewed by a South African attorney before being put into use.

The POPIA section is included because counselling records can contain personal and potentially sensitive information. The Information Regulator confirms that private individuals and organisations processing personal information can be responsible parties under POPIA and must comply with its lawful-processing requirements.

Official reference: Information Regulator — POPIA resources: inforegulator.org.za

Important: An indemnity should not be drafted as a blanket waiver of liability. South Africa's Consumer Protection Act places restrictions on certain liability exclusions and unfair contract terms. Prominent, plain-language wording and proper client assent are particularly important.