

Registration: Psychosoziales Zentrum Mönchengladbach

Please fill out the form as far as possible and send it to us by email (psz@skm-ry.de), by fax (02166/1309769) or by post (postal address: Odenkirchener Straße 7, 41236 Mönchengladbach). For further inquiries, we are at your disposal (Phone: 02166/1309766). We will report back as soon as possible. Thank you!



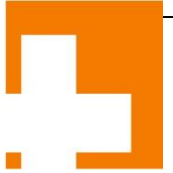
Registration of		Who registers?
(Last name, Given name)		(name)
(birth date/Age)	(Gender)	(Facility)
(Street, door number)		(phone number)
(postal code, city)		(E-Mail adress)
(phone number)		
(E-Mail adress)		
Who should we notify of an appointment?	<input type="radio"/> you as the notifying facility <input type="radio"/> refugee himself <input type="radio"/> Other (name/contact) : _____	
Country of origin:		
In Germany since: (month/year)		
Languages in which conversations are possible:		
It is about (reason for registration):		
residential status	<input type="radio"/> Proof of Arrival <input type="radio"/> Residence permit <input type="radio"/> Residence permission <input type="radio"/> tolerance <input type="radio"/> Others: _____	
Are deadlines to be observed? (transfer, threat of deportation)		
Is there a connection to...	<input type="radio"/> counseling center: _____ <input type="radio"/> Lawyer: _____ <input type="radio"/> psychiatrist/doctor: _____	
Other important information		

Bitte bringen Sie zum 1. Termin im PSZ, sofern vorhanden, Unterlagen aus vorherigen Behandlungen sowie Unterlagen des Asylverfahrens mit.

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Schutz bieten
Kraft geben
Mensch sein

SKM.



 Psychosoziales Zentrum
für Flüchtlinge
Mönchengladbach

SKM Rheydt- Katholischer Verein für soziale Dienste Rheydt e.V.

Psychosoziales Zentrum für Flüchtlinge Mönchengladbach

Odenkirchener Straße 7
41236 Mönchengladbach

Declaration of consent for the collection of personal data in accordance **§8 KDG**

I, _____ (last name, given name), born at _____, I agree that my personal data will be recorded and stored to the necessary extent as part of my consultation in the psychosocial center.

I am aware that the collection of my personal data is only for professional advice within the framework of psychosocial counseling and that this service cannot be used without my consent to the collection of data.

The people who advise me and their employees are subject to statutory confidentiality and the (ecclesiastical) data protection law. My data should be deleted after the statutory retention periods have expired. I am aware that I can revoke this consent to the collection of my data at any time with effect for the future.

Place, date, signature of the client (in the case of under 13-year-olds, the signature of the legal representative)