

#### Dear athlete,

This form serves as an information for both you and your counsellor. Please take time to read and fill in the document. Your provided data will facilitate the first meeting and, thus, contribute to your goal achievement.

### WHAT IS COUNSELLING?

Counselling is a temporary professional process. This process is organized in the form of 1:1talks between you and a counsellor who aims to help you decide for, plan and/or execute your individual dual career project.



**Counselling is voluntary.** The counselling process takes place based on your free wish. You are authorized to end the process anytime if you want.



**Counselling is confidential.** Your counsellor will not share any information given by you in your common talks with a third party unless agreed on otherwise.



**Counselling is collaborative.** Counselling is team work. Both you and your counsellor must commit to the process. Between the sessions, you will possibly be given little home tasks. The progress of your process depends on you completing these tasks before the next session.



**Counselling is binding.** The scheduled meetings are important. In case you are not able to make an appointment, please let your counsellor know at least 24 hours before the session via telephone (fill in number) or email (fill in email address).

# **DATA PROTECTION**

For internal management purposes, some initial information is required from you. Please thoroughly fill in the pages 2-3. You can be certain that any personal information is stored safely based on the General Data Protection Regulation (EU) 2016/679 (GDPR).

# **QUESTIONS?**

If you agree to the terms and conditions mentioned above, please sign the athlete intake. Your counsellor will as well sign the document in the first meeting. In case you have further questions upfront, please record them and take them to your first meeting. Your counsellor will be happy to clear any questions *before* the form is signed.

Place, Date
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Athlete

Counsellor







DEDCONAL						
PERSONAL First name:			Gender:	Male	Female	Other
Surname:			Date of birth:			
Street, post code:			City:			
Telephone:			Email:			
Best reached via:	WhatsApp/SMS	Phone call	Skype/Facetime/Viber	Email	Other	
SPORTING CAREER						
Sport:			Elite status:	Yes	No I c	ım not sure
Name of federation, club:						
Competition level:	Regional Natio International	nal	National team member:	Yes	No	
Training frequency:	times/v	veek	Primary training times:	Morning Noon Afternoon		
Main competition times:	Spring Summe Autumn Winter	r Whole year	Travel time residence to training:	Up to 30 min Up to 1 hour More than 1 hour		
Biggest athletic successes:						
EDUCATIONAL CAREER						
School, university						
Institution	Level		Period	Completed		
				Yes	No	
				Yes	No	
				Yes	No	
Other courses						
Institution	Level		Period	Completed		
				Yes	No	
				Yes	No	

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Yes

No





#### **SKILLS & HOBBIES**

Language skills:			Apple Office applications		
			Graphical applications		
	Other language	IT Skills:	Internet applications		
			Video/audio editing		
	Other language		Other:		
	Other language		Other:		
Surname:					
Street, post code:					

