karla cloete
REGISTERED COUNSELLOR
HPCSA Reg. No: PRC 0045179
PR No: 9990810001259598

064 556 4991
karla@counsellingwithkc.co.za
counsellingwithkc.com
415 Clark St, Waterkloof,
Pretoria, 0181

Pay What You Can Counselling Services – Application Form

Thank you for your interest in accessing our Pay What You Can counselling services. We aim to make counselling accessible to everyone, regardless of their financial situation. The information you provide below will help us assess your eligibility and determine a fair contribution rate. All information is kept confidential in line with the Protection of Personal Information Act (POPIA).

Please email the completed form to karla@counsellingwithkc.co.za when you enquire about a sliding scale spot.

1. Personal Information

Full Name: _____ID number: _____

2. Employment & Financial Status
Employment Status (tick one):
☐ Employed Full-Time
☐ Employed Part-Time
☐ Self-Employed
☐ Unemployed
☐ Grants (Please specify:_____)
☐ Retired
☐ Student (Please specify your bursary scheme _____)
☐ Other: _____

Do you currently have medical aid/insurance that covers mental health services?
☐ Yes (Please specify:_____) ☐ No

Monthly Household Income (before deductions):
☐ Below R5,000
☐ R5,000 – R10,000
☐ R10,001 – R15,000
☐ R15,001 – R20,000
☐ Above R20,000

How many dependents are supported by this income? _____

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3. Counselling Needs

What are you seeking counselling for? (Brief description, e.g., stress, anxiety, family issues)

_____

_____

How often would you like to attend sessions?

☐ Weekly ☐ Bi-weekly ☐ Monthly

Preferred session format:

☐ In-person ☐ Online

4. Pay What You Can Contribution

Our standard session fee is R550.

Sliding scale- by % discounted

R550	R495	R440	R385	R330	R275	R220	R165	R110	R55
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%

How much are you currently able to contribute per session?

R_____ per session

Would you like us to reassess your contribution after a certain period? (For example if you graduate or get a job)

☐ Yes (after _____ weeks/months) ☐ No

5. Declaration & Consent

I confirm that the information provided is accurate and truthful to the best of my knowledge. I understand that this information is used solely for the purpose of determining my eligibility for reduced-fee counselling and will be kept confidential according to POPIA.

Signature: _____

Date: _____