**浙江大学第五届“会心节”之“亲密关系”团体报名表**

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| **姓 名** |  | **性别** |  | **年龄** |  |
| **院系（学园）** |  | **学号** |  | | |
| **电子邮箱** |  | **手机号码** |  | | |
| **团体辅导**  **经历** | **①有 ②无** | **个体咨询**  **经历** | **①有 ②无** | | |
| **描述你目前亲密关系中的困惑和障碍** |  | | | | |
| **对本次团辅的期望** |  | | | | |
| **其它你愿意说的话** |  | | | | |