**If you already have an appointment booked, please state the date, time and name of your counsellor.**

|  |  |
| --- | --- |
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**Client Information**

|  |  |
| --- | --- |
| P Number: | Term Address: |
| Forename: |  |
| Surname: |  |
| Title: |  |
| Date of Birth: | Term Postcode: |
| Faculty: | Term Telephone: |
|  | Home Address: |
| Programme Title: |  |
|  |  |
| Enrol Status: |  |
| Study Level: |  |
| Study Mode: | Home Postcode: |
| Ethnic Origin: | Home Telephone: |
| LEA: | Mobile Number: |
|  | Internal E-Mail: |
| Disability: |  |
| Year: | External Email: |

**Please amend any incorrect information and fill in the appropriate boxes (using an X)**

Please indicate your current fee status:

**UK Student EU Student International Student**

Please indicate your current year of study:

**xx**

**UG1 UG2 UG3 UG4 UG5 Other**

In which ways would you be happy for us to contact you if needed? (please mark with an X)

**Mobile Phone/Text Message Other Phone Email Letter**

[

Do you have any previous experience of DMU Counselling? **Yes No**

Who referred you to the Counselling Service?

**Self Health Centre/GP Other Dr Other NHS Academic**

**Friend(s) Private Counsellor Psychiatrist Social Services Legal**

**Family Voluntary Organisation Other**

How did you find out about us?

**Internet Leaflets Academic Staff Student Services**

**DMU Website E-Mail Health Centre/GP Social Media**

**Posters Student Handbook Friends Used before**

Are you currently in paid employment? **Yes No**

Are you registered with the University Health Centre? **Yes No**

If you’re not registered with the University Health Centre, please give the name and address of your local GP or GP Practice:

Have you been diagnosed with a mental Health condition (e.g. anxiety, depression, eating disorder)? If yes, a member of the team will contact you regarding support?

**Yes No**

**Questionnaire (voluntary)**

We would like you to complete a brief questionnaire at your initial counselling appointment and at agreed points in the counselling process. This will help the counsellor and yourself to see how counselling is going. The following questions may also be helpful for you and your counsellor to think about.

**What do you want from counselling?**

|  |
| --- |
| 1. What are your reasons for requesting counselling and why now? |
| 2. How have your problems been affecting you? |
| 3. What do you need from counselling for it to be helpful to you? |
| 4. How would you know if things were better/what evidence would you have, e.g. ‘I would be calmer in social situations’. |
| 5. Is there anything else that you feel is important for us to know? |

**Availability**

*If you already have an appointment booked and you have completed the box at the start of the form, please ignore.*

Please state when you would be available for a counselling appointment (the more choice you can offer, the easier it will be for us to find a matching slot). The service is open 9am to 5pm Monday to Friday and also on a Tuesday and Thursday evening in term time with appointments at 5.15 and 6.30pm. Appointments are around 50 minutes, but you need to come 10 minutes earlier for your first appointment in order to complete a questionnaire.

**Confidentiality and Data Protection Act**

We offer a confidential service. The information you give to us may be shared with other members of the team in order for us to be able to provide you with the best support possible. We will not pass on information about you to others without your express permission, except in exceptional circumstances. This is usually where there are concerns that either yourself or someone else is suffering, or at risk of significant harm.

In order to offer you a professional service we need to keep relevant records of your contact with us and these are kept in accordance with the Data Protection Act 1998. These will remain confidential within the service, except in the unlikely event that they are requested as evidence in court. Records are retained securely for 7 years (from the end of the academic year of your last appointment) and then disposed of confidentially.

Please electronically sign below to indicate that you understand this information and have given us consent to keep these records.

Signature: Date:

If possible please e -mail this form as an attachment to [counselling@dmu.ac.uk](mailto:counselling@dmu.ac.uk) in advance of your counselling appointment (preferably before the day of your appointment). If this is not possible you could bring it along with you to your appointment.

Thank you for taking the time to complete this and we hope that you find counselling to be of real benefit to you.