**Wellbeing/Mental Health/Counselling Registration Form**

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| **Important:** Please complete this form and read and sign the Record Keeping and Confidentiality statements **before**you meet with a Counsellor, Mental Health Adviser or Wellbeing Adviser. | |
| This form gives you the opportunity to indicate what has brought you to the University Wellbeing Services and how you hope to benefit from the sessions. What you write will inform us of how we can help you so please provide us with as much information as you can. However, if there are any questions that you prefer not to answer, please leave them blank.    Once completed, press the submit form at the bottom. | |
| **1. Please give a summary of what you would like to talk about.** |  |

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| **2. How long have you been concerned about this problem?** |  |

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| **3. Have you met with a health professional to discuss these issues?** | Yes:        No: |

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| **4. Are you currently receiving support from a Counsellor, Mental Health Adviser or GP?** | No:    Yes (tick all that apply):    CBT Practitioner (e.g. Healthy Minds)  Community Psychiatric Nurse (CPN)  Counsellor/Psychotherapist  GP  Mental Health/Wellbeing Adviser  Psychiatrist  Psychologist  Social Worker  Other |

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| **5. Have you received support from a Counsellor, Mental Health Adviser or GP in the past?** | No:    Yes (tick all that apply):    CBT Practitioner (e.g. Healthy Minds)  Community Psychiatric Nurse (CPN)  Counsellor/Psychotherapist  GP  Mental Health/Wellbeing Adviser  Psychiatrist  Psychologist  Social Worker  Other |
| **6. Please provide the name and address of your GP Practice** |  |

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| **7. Are you currently taking any prescribed medication for your difficulties?** | Yes          No:  Please list the name/s of medication prescribed: |

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| **8. What would you like to achieve from your meeting?** | | |  | |
| **9. Is there anything that you haven't told us that you would like us to know?** | | |  | |
| **10. In order to help us offer you a convenient appointment, please tick which days and times you are available to attend. Please bear in mind that the more availability you can put down, the more quickly you are likely to be seen. We will endeavour to offer you an appointment at the site you have indicated but in times of high demand we may offer you an appointment at a different site or contact you to ask for further availability. Please follow this**[**link**](http://www.bcu.ac.uk/about-us/maps-and-campuses)**for campus locations.** | | |
| **City North Campus**    Mon AM  Mon PM  Tue AM  Fri AM  Fri PM | **City South Campus**    Mon AM  Mon PM  Tue AM  Tue PM  Wed AM  Wed PM  Thu AM  Thu PM  Thu Eve\*\*  Fri AM  Fri PM | **City Centre Campus**    Mon AM  Mon PM  Tue AM  Tue PM  Tue Eve\*  Wed AM  Wed PM  Thu AM  Thu PM  Fri AM  Fri PM | |
| *Please note that there is no service at City North or City South on Tuesday afternoons.*  *\*The Tuesday Evening Service is available during term time only, at the City Centre Campus.*  *\*\*The Thursday Evening Service is available during term time only, at the City South Campus.* | | |

**Your Details**

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| **Name (including family name):** |  |

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| **Student ID number:** | **S** |

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| **Date of Birth (dd/mm/yyyy):** | |  |  | | --- | --- | |  | [ate Picker](NULL) | |
| **Address:** |  |
| **University email address:** |  |

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| **Alternative email address:** | *[Please note that we will normally contact you via your university email address]* |

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| **Telephone number:** | Ok to leave message? |

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| **Ethnicity:** |  |
| **Gender:** | *[If none of these apply, type your gender identity directly into the box]* |
| **Are you registered as disabled with Birmingham City University?** | Yes:        No: |
| **Course Information (including level - UG, PG):** |  |

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| **Faculty:** |  |

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| **Record Keeping and Confidentiality** |
| I understand that Birmingham City University Wellbeing Service has a record keeping procedure in place and that my personal information (name, address, date of birth, session summary) is kept electronically. I understand that the database is password protected and is managed in compliance with the requirements of The Data Protection Act, 1998.  Agreed      I understand that Birmingham City University Wellbeing Service has a confidentiality procedure in place whereby it does not routinely disclose any details about my use of service. In exceptional circumstances it may be considered that my safety and wellbeing, or that of a third party, are at risk. In such cases it may be necessary for Birmingham City University Wellbeing Service to consult with other university staff who have a responsibility for student welfare.  Agreed |