REGISTRATION FORM: PSYCHOLOGICAL SERVICES  
STRICTLY CONFIDENTIAL

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| Guidelines for using this form |
| 1. This form is for completion by a UCT student wanting to access psychological services at the DSA Student Wellness Service (SWS)   Please email the completed form to. [siphe.dukwana@uct.ac.za](mailto:siphe.dukwana@uct.ac.za) |

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| SECTION A: STUDENT APPLICANT DETAILS (Note: To be completed by the student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Title, Name and Surname | | | | | | | | | Makanaka Mangwanda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Number | M | | | N | G | | M | A | | | K | 0 | | | 1 | | 3 | | | Age | | | | 19 | | | | Date of Birth | | | | | | | | 1 | | | 8 | | 0 | 5 | | 2 | 0 | 0 | 5 |
| Faculty | Commerce | | | | | | | | | | | | | | | | | | | Course of Study | | | | | | | | | | | | Bbusci(Information Systems) | | | | | | | | | | | | | | | |
| Year of Study | First(2024) | | | | | | | | | | | | | | | | | | | First Year of Registration | | | | | | | | | | | | | | | 2024 | | | | | | | | | | | | |
| Sex (please tick one) | | | | | | Male | | | | | | |  | | | | | | | | | Female | | | | | | | \* | | | | | | | | | Trans | | | | |  | | | | |
| Telephone No. | | | | | | Term No. | | | | | | |  | | | | | | | | | | | | | | | | | Cell No. | | | | | | | 0661787298 | | | | | | | | | | |
| UCT Email Address | | | | | | MNGMAK@myuct.ac.za | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University Term / Physical Address (in Cape Town) | | | | | | 10 Cicada Apartments, plumstead, CapeTown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Next of Kin / Person to be contacted in an emergency | | | | | | | | | | | | | | | | | | | Abib Mangwanda | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Next of Kin Contact No. | | | | | | 066 315 9083 | | | | | | | | | | | | | | | | Next of Kin Relationship | | | | | | | | | | | | | | | | Mother | | | | | | | | | |
| Do you receive financial aid from NSFAS?  (Note: Bursaries and scholarships are not included.) | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | No | | | | \* | | |  | | | | | | | | | | | | | | |
| If yes, please send a copy of the letter to [sws@uct.ac.za](mailto:sws@uct.ac.za) so that consultation fees can be waivered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you on Medical Aid? | | | | | | Yes | | | | \* | | | No | | |  | | | | | Name of Medical Aid | | | | | | | | | | | | | Discovery | | | | | | | | | | | | | |
| Membership No. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Member | | Name and Surname | | | | | | | | | | | Lewis Mangwanda | | | | | | | | | | | | | | | | | | Contact No. | | | | | | | | | | 0647600626 | | | | | | |
| We continually strive to improve our services to students by way of research, advocacy or case management. To this end we might need to use some of the information in a confidential and anonymous way. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consent to this? | | | | | | | | | | | | | | | | yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION B: STUDENT AGREEMENT (Note: To be completed by the student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that I am personally responsible for all consultation costs incurred at Student Wellness Service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature | | | Makanaka | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | 05 /12/24 | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | Capture Date | | | | | | | |  | | | | | | | | | | | | | Admin Signature | | | | | | | | | | | | |  | | | | | | | |
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**INFORMED CONSENT FOR TELEPSYCHOLOGY**

This Informed Consent for Telepsychology contains information about doing therapy using telecommunications. This document is in supplement to the SWS Statement of Understanding. Please read both carefully and let the SWS practitioner know if you have any questions.

**Benefits and limitations**

Telepsychology refers to providing psychological services remotely using telecommunications technologies (telephone or online video platforms). It is a convenient alternative to traditional in-person face-to-face therapy and has been shown to be effective in helping with many difficulties. While there are benefits and advantages to remote therapy, there are also limitations. For example: technology can be unreliable, and the lack of in-person face-to-face interaction can be a barrier or limitation in certain ways. Telepsychology is also not considered an appropriate medium to initiate therapy when an individual’s mental status is severely compromised (actively suicidal, intense homicidal thoughts, psychotic), and there is a serious substance dependence. Seeing a mental health care professional in-person as soon as possible is recommended in these situations.

* Managing issues with technology. There are many ways that problems with technology might impact online video sessions *(for example*: video lagging, screen freezing, slow Internet connection, sound issues, etc.). If there is a disconnection to the Internet during a session that cannot be re-established, the practitioner will contact you via phone or email.
* Crisis management and intervention. It can be difficult to manage a client crisis and/or emergency situations doing sessions remotely due to being in different physical locations. Therefore, it will be important to discuss a safety plan to manage potential emergency/crisis situations that may arise.

**Confidentiality and privacy**

* Any information provided to the practitioner will remain confidential and will not be given to a third party unless you give the practitioner written consent to release the information. However, if there is a significant risk of harm to self or another person, the practitioner is obligated to act to prevent harm, which may involve giving information to a third party.
* Online therapy utilizes the Internet, and the nature of electronic communications technologies is such that we cannot guarantee potential breaches in technology will not occur which could result in our communications being unintentionally compromised and/or stored data being accessed by unauthorized third parties or companies.
* Please consider password protecting the devices you use, installing and updating antivirus software to prevent access by third parties, and avoid public Wi-Fi access for the sessions. **Please always also ensure you are in a private space for all sessions.**
* Consider the use of headphones for improved privacy.

**Appropriateness of Telepsychology**

If telepsychology is no longer the most appropriate form of treatment, the option for engaging with in-person face-to-face sessions will be discussed. This might require a referral to another mental healthcare professional who is accessible to you and offers in-person face-to face sessions.

**Records**

The telepsychology sessions shall not be audio-recorded unless agreed to in writing by mutual consent. A record of sessions will be maintained in accordance with HPCSA policies and guidelines.

**Informed Consent**

I have read the above and understand the risks associated with engaging in sessions using an online platform. I agree to participate in telepsychology and comply with the policies and procedures.

I agree that in the case of a crisis/emergency and/or where there is a threat of harm to self or others that the following persons can be contacted:

**Family/Friend/Partner full name:** \_\_\_Abib Mangwanda\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number/s:**\_\_\_\_\_\_\_066 315 9083\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature below indicates that you have understand and agree to the above.

**Client full name:** \_\_\_Makanaka Mangwanda\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature:** \_\_\_Maka\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_05/12/24\_\_\_\_\_\_\_\_\_\_\_\_\_\_