

Student Counselling Service

STRICTLY PRIVATE & CONFIDENTIAL

Counselling Registration Form

You are required to read the Student Counselling Service Privacy Notice, along with the Confidentiality and Management of Records Policy and Counselling Service Information Leaflet. It is essential that you do so, as they contain important information about the service, how we use your personal data and your rights. Further information on how the Student Counselling Service handles your personal data is available from the Advice Centre.

Personal Information

Title:	First Name(s):	Surname:
How would you like to be known?		
Home Address:		
Postcode:		
Home Tel:	Mobile Tel:	
E-mail address:		
Emergency Contact Name:	Tel:	Relationship:

Date of Birth:
Gender: Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Prefer not to say <input type="radio"/>
Is your gender identity the same as the gender you were assigned at birth? Yes <input type="radio"/> No <input type="radio"/> Prefer not to say <input type="radio"/>

Medical Information

Doctor's Name:
Doctor's Tel:
Surgery Address (if known):

Do you have any medical conditions? YES/NO
If YES, please give details:
Are you on any medication? YES/NO

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If YES, please give details i.e. drug name and prescribed dose:-
Are you currently seeing any other mental health professionals i.e. CPN, Psychologist, Psychiatrist? YES/NO
If YES, please give details:

About You

Please tell us why you are seeking counselling/psychotherapy at the moment?
Have you spoken to your GP regarding this issue? YES/NO
Have you ever had counselling/psychotherapy before? YES/NO
If YES, when?
Can you describe your experience?
What other personal or emotional support is available to you? (i.e. friends/family/social worker)
Are you using any other South Lanarkshire College support services i.e. Chaplaincy Service, Mindfulness Classes, Student Services support? If yes, please give details:
Do you currently, or have you used the services of organisations such as Breathing Space, Samaritans, Childline, Alcoholics Anonymous?

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How did you hear about the Student Counselling Service?

Induction Tutor Guidance Student Services Word of Mouth

Other (please specify): _____

When you register for the service, you have agreed that the information provided will be entered into a filing system. The information provided will only be accessed by authorised staff of the service. The information will be retained by the College for the specified timeframe and will be used for processing your enquiry, delivery of therapeutic counselling support and for anonymised statistical reporting.

I agree to South Lanarkshire College Student Counselling Service using the information I have provided to contact me, or the relevant professionals (noted above), if necessary with my prior knowledge. I understand that this is for making appropriate provision for my counselling support.

I have a copy of the Student Counselling Service Privacy Notice, Confidentiality and Management of Records Policy and Counselling Service Information Leaflet.

I have read and understand how my personal data will be used.

Name (Print): _____

Signed: _____

Student Reference Number: _____

Date: _____