# **Confidential**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | | Surname | | |
| Date of Birth: | | | | |
| Work Contact Address | | Home Contact Address | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| Telephone numbers |  | | May we leave a message? | |
| Work |  | | Yes | No |
| Home |  | | Yes | No |
| Mobile |  | | Yes | No |
| Email address |  | | Yes | No |

## **The information you provide will help us to understand your needs and arrange for you to see an appropriate counsellor, so it is useful to have some information about the problem.**

## **It is also OK to put you would prefer to talk about this in person if it is difficult to write about.**

## **This information will be treated confidentially.**

|  |
| --- |
| 1. Your reasons for approaching the Counselling Centre.   Please describe what has led you to seek counselling now.  How long has this been a problem for you and what other help have you had with it?  How do your current difficulties affect you? |
|  |

|  |
| --- |
| 1. What are you hoping for from counselling? |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. On a scale of 1-10 (with 10 being the most content), how are you feeling at the moment? | | | | | | | | | | | |
| Very Unhappy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Content |
| On a scale of 1-10 (with 10 being the most satisfying), how would you describe your relationships and social contacts with others at the moment? | | | | | | | | | | | |
| Very Unsatisfying | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very Satisfying |

|  |
| --- |
| 1. What support do you have currently? (e.g. family, friends, social activities)? |
|  |

|  |
| --- |
| 1. Is there anything else that you think is important which we should know? |
|  |

**Availability for appointments**

## **Please mark in the boxes below when you would be available to come to a counselling appointment.**

## **The more flexible you can be the easier it will be for us to respond quickly.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9am | 10 | 11 | 12 | 1pm | 2 | 3 | 4 |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thur |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |

## **We can sometimes offer appointments at 8.30 or 8.45am; please tick if this would suit you**

|  |
| --- |
| Please indicate any dates when you will be unavailable during the next 3 months |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate below which type of session(s) you prefer | | | |
| Video call | In person\* |  |  |
| Do you require any adjustments or have any access requirements due to disability, impairment or medical condition? | | | |
| \*Please note that we will do what we can to accommodate your preference to be seen in person, but are not able to guarantee in person appointments will be available for all requests.  \*\*We can offer a confidential room within the Staff Counselling Centre for video sessions in a safe and private space | | | |

# **Confidential**

|  |  |
| --- | --- |
| GP (Name and Surgery) |  |
| Current medication, if any |  |

# **We keep records about the use of the Service. The following information is requested for statistical purposes only, and will not be used in any way that identifies individuals.**

|  |  |  |
| --- | --- | --- |
| Department/College |  | |
| University Category | Staff – University | Staff – College |
| Employment group | Academic | Assistant |
| Academic-Related | Technical |
| Post-Doc Researcher | Manual |
| Work | Full time | Part time |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender | Male | Female | Non-binary | Other | | Prefer not to say |
| Nationality: | | | | | | |
| To which ethnic group do you consider yourself to belong? | | | | | | |
| White | | Other white background | | | Asian or Asian British – Indian | |
| Chinese | | Black or Black British – Caribbean | | | Asian or Asian British – Pakistani | |
| Arab | | Black or Black British – African | | | Asian or Asian British – Bangladesh | |
| Gypsy or Traveller | | Other Black background | | | Other Asian background | |
| Other Ethnic background | | Mixed – White and Black Caribbean | | | Mixed – White and Asian | |
| Prefer not to say | | Mixed – White and Black African | | | Other Mixed background | |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you used this Counselling Service before? Yes  As a student  As a staff member  No | | | |
| Did anyone suggest that you came to see a counsellor? Yes  No | | | |
| If Yes, was it: | | | |
| Friend | Colleague | Department | Manager |
| Occupational Health | HR | GP | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Other forms of help you have used previously or currently for related issues | | | |
| GP  Currently  Previously | Counsellor  Currently  Previously | Psychologist  Currently  Previously | Psychotherapist  Currently  Previously |
| Psychiatrist  Currently  Previously | Specialist  Currently  Previously |  | |

All the information you provide is covered under the terms of the Data Protection Legislation.

|  |  |
| --- | --- |
| Signed | Date |

|  |
| --- |
| Please take or post the form to:  Staff Counselling Centre  2-3 Bene’t Place, Lensfield Road, Cambridge CB2 1EL  or email it as an attachment to:  [staffcouns@admin.cam.ac.uk](mailto:staffcouns@admin.cam.ac.uk)  Thank you |

|  |
| --- |
|  |