



Confidential

First Name		Surname	
Date of Birth:			
Work Contact Address		Home Contact Address	
Telephone numbers		May we leave a message?	
Work		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email address		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.

<p>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?</p>



2. What are you hoping for from counselling?

--

3. On a scale of 1-10 (with 10 being the most content), how are you feeling at the moment?

Very Unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Very Satisfying
-------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	--------------------------------	-----------------

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

--

5. 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.

Table with 9 columns (times: 9am, 10, 11, 12, 1pm, 2, 3, 4) and 6 rows (days: Mon, Tue, Wed, Thur, Fri). Each cell contains a checkbox.

We can sometimes offer appointments at 8.30 or 8.45am; please tick if this would suit you [checkbox]

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

Please indicate below which type of session(s) you prefer
[checkbox] Telephone [checkbox] Video call [checkbox] In person* [checkbox] In-building video call**
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 <input type="checkbox"/>	Staff – College <input type="checkbox"/>
Employment group	Academic <input type="checkbox"/>	Assistant <input type="checkbox"/>
	Academic-Related <input type="checkbox"/>	Technical <input type="checkbox"/>
	Post-Doc Researcher <input type="checkbox"/>	Manual <input type="checkbox"/>
Work	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
--------	-------------------------------	---------------------------------	-------------------------------------	--------------------------------	--

Nationality:

To which ethnic group do you consider yourself to belong?

White <input type="checkbox"/>	Other white background <input type="checkbox"/>	Asian or Asian British – Indian <input type="checkbox"/>
Chinese <input type="checkbox"/>	Black or Black British – Caribbean <input type="checkbox"/>	Asian or Asian British – Pakistani <input type="checkbox"/>
Arab <input type="checkbox"/>	Black or Black British – African <input type="checkbox"/>	Asian or Asian British – Bangladesh <input type="checkbox"/>
Gypsy or Traveller <input type="checkbox"/>	Other Black background <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
Other Ethnic background <input type="checkbox"/>	Mixed – White and Black Caribbean <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>	Other Mixed background <input type="checkbox"/>

Have you used this Counselling Service before?	Yes <input type="checkbox"/>	As a student <input type="checkbox"/>	As a staff member <input type="checkbox"/>
	No <input type="checkbox"/>		
Did anyone suggest that you came to see a counsellor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, was it:			
Friend <input type="checkbox"/>	Colleague <input type="checkbox"/>	Department <input type="checkbox"/>	Manager <input type="checkbox"/>
Occupational Health <input type="checkbox"/>	HR <input type="checkbox"/>	GP <input type="checkbox"/>	Other <input type="checkbox"/>



Other forms of help you have used previously or currently for related issues			
<p>GP</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>	<p>Counsellor</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>	<p>Psychologist</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>	<p>Psychotherapist</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>
<p>Psychiatrist</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>	<p>Specialist</p> <p>Currently <input type="checkbox"/></p> <p>Previously <input type="checkbox"/></p>		

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

Signed	Date
--------	------

<p>Please take or post the form to: Staff Counselling Centre 2-3 Bene't Place, Lensfield Road, Cambridge CB2 1EL</p> <p>or email it as an attachment to: staffcouns@admin.cam.ac.uk</p> <p style="text-align: right;">Thank you</p>
