

### Counselling Registration Form

To help us provide an appropriate service for you, please complete all sections.

Return this form by email to [counselling@westminster.ac.uk](mailto:counselling@westminster.ac.uk) or hand in to the Counselling service Reception.

We will contact you when a suitable appointment becomes available.

#### Information about you and contact details:

First Name:

Surname:

Sex:

- Male  Female  Transgender  Transexual  Prefer not to say

Date of Birth:

Student ID Number:

Email:

Tel Number:

Ethnic origin: Please Select

#### University of Westminster Information

College: Please Select

School: Please Select

Campus: Please Select

Study Level: Please Select

Your Subject:

Year of Study: Please Select

Study Mode: Please Select

Fee status: Please Select

Term Time Address:

Post code:

If your address outside of term time is not in London, please state where:

Non Term Time Address:

Post code:

By completing and signing this form, it is assumed that you have read and understood the attached Counselling Service Confidentiality and Data Protection policy and agree to the terms and condition therein.

Name

Date:

**University of Westminster Information continued**

Do you consider yourself to have a disability?  Yes  No  No known Disability

If yes, please provide details:

Are you registered with University of Westminster Disability Learning Support? ?  Yes  No

Please provide any details of any access help you need:

**Your Doctor**

Are you registered with University of Westminster Student Health Service?  Yes  No

If not, please give the name and address of GP:

GP Address:

Post code:

Telephone Number of GP:

**Your Counselling History**

How did you know about the University of Westminster Counselling Service? Please Select

Who were you referred by: Please Select

If applicable, please state name of person:

Have you seen a Counsellor here before?  Yes  No

If yes, who did you see and when:

Have you had counselling that was not at University of Westminster?  Yes  No

If yes, please tell us a little about your counselling (when, what it was for, etc.):

Do you currently take medication for anxiety, depression or any other mental health issue:

Yes  No

If yes please specify:

**When are you available** (please tick box)

The more times you can give us, the sooner we can offer you a consultation

|            | 9:00am - 12:30pm         | 12:30pm – 4pm            |
|------------|--------------------------|--------------------------|
| Monday     | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesdays   | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesdays | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursdays  | <input type="checkbox"/> | <input type="checkbox"/> |
| Fridays    | <input type="checkbox"/> | <input type="checkbox"/> |

**What do you see as your current problem or concerns:**

Please select the statements that you feel are closest to how you have been feeling in the **past week**:

|   | Not at all              | Occasionally            | Sometimes               | Often                   | Most of/<br>all the time |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| I have been having difficulties with my studies/ getting my work in | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I am thinking of leaving my course                                  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I am worried about my exams/ assessments                            | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I am concerned about finishing University and the future            | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have felt stressed and anxious                                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have felt depressed   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have been in severe panic   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have been unable to control my intake of drugs and alcohol        | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I feel at crisis point  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I am worried about my state of mind                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have thought about hurting myself                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have hurt myself or taken risks with my health                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |
| I have had suicidal thoughts and feelings                           | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5  |

- **Please tick which of the support you would find most useful at the moment:**

The Counselling Service offers different types of help. In your appointment the counsellor will discuss your needs and help identify the appropriate support to help resolve / manage your difficulty.

- Self-help Resources:** Online leaflets, links to websites, online exam stress support, online anxiety and depression management help, leaflets and information on a range of issues.
- Individual Counselling:** Short term counselling, of up to 6 sessions, each lasting 50 minutes
- Individual online counselling:** We offer short term counselling by email.
- Mentoring:** Study focused help for students via Disability Learning Support who are eligible for this type of help as part of their Disabled Student Allowance assessment.
- Therapeutic group:** Ongoing support in a small group setting either for a specific issue, eg overcoming anxiety, or for managing student life.
- One off consultation:** This session is to get some guidance about self-help strategies, or to talk over a specific issue. (*Is not suitable for an urgent situation*)
- Workshops:** We run workshops throughout the year on a range of issues, including exam stress, settling into university life, mindfulness for students
- Bibliotherapy:** (recommended self-help books): We provide recommended books for specific issues, available from the University library.
- Advice on finding longer term therapy or specialised help,** eg couples counselling, drug/alcohol support.