**Counselling and Mental Wellbeing Service**

**Registration Information**

Please complete this form and read and sign the record keeping and confidentiality information.

**Name: Student ID No: Male/Female/Other**

**Course: Level: UG/PG Age:**

**Year of study:** [ ]  **1** [ ]  **2** [ ]  **3** [ ]  **3 Placement** [ ]  **Final**

**Mode:** [ ]  **Attending at Aston** [ ]  **Placement UK** [ ]  **Placement abroad**

[ ]  **Distance Learning** [ ]  **Apprentice scheme**

**Academic School:** [ ]  **ABS** [ ]  **EAS** [ ]  **LSS** [ ]  **LHS** [ ]  **AMS**

**Name and address of GP:**

This form gives you the opportunity to indicate what has brought you to the Counselling & Wellbeing Service, and how you hope to benefit from the support we can offer.

**What to expect from this service**

You will be offered a therapeutic consultation in the first instance. During this session, the counsellor / practitioner will help you explore your situation in detail, provide some initial counselling / therapeutic support, and discuss a range of potential follow-up options for you to consider. These may include self-help on-line therapy programmes and resources, assisted on-line therapy, attending one of our short courses on a particular topic, or a short, time limited course of counselling or psychotherapy.

At the end of the session, the counsellor will give you their contact details, should you require further support.

Email your completed form to counselling@aston.ac.uk or print and post/hand deliver it to the Hub reception desk.

If you are applying for Exceptional Circumstances, please note: we are UNABLE to provide supporting evidence if you were not engaging with the Counselling Service at the time of the situation you are seeking Exceptional Circumstances for, and are seeking to access the service with the main intention of getting a letter. Clearly, we are unable to provide evidence of circumstances which occurred in the past and of which we had no knowledge at the time.

**Questions:**

1. Please give a brief summary of what you would like to talk about.
2. How long have you been troubled by this problem? Were you experiencing this before coming to University?
3. Have you met with a counsellor, or other professional e.g. counsellor, psychologist / psychotherapist in the past?
4. Do you have any current professional support for your difficulties, e.g. GP/ mental health services?
5. Have you spoken to your family, friends or religious leaders / community members about your difficulties?
6. Has a professional diagnosed you with a mental health condition? If so, please give details
7. Are you currently taking any prescribed medication for your difficulties, or have you found something else that helps? If so, please provide the name of the medication / aid

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Over the last week** |  |  |  |  | Not at all |  | Only Occasionally |  | Sometimes |  | Often |  | Most of the time |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. I have felt tense, anxious or nervous [ ]  [ ]  [ ]  [ ]  [ ]
2. I have felt I have someone to turn to for support when needed [ ]  [ ]  [ ]  [ ]  [ ]
3. I have felt able to cope when things go wrong [ ]  [ ]  [ ]  [ ]  [ ]
4. Talking to people has felt too much for me [ ]  [ ]  [ ]  [ ]  [ ]
5. I have felt panic or terror [ ]  [ ]  [ ]  [ ]  [ ]
6. I made plans to end my life [ ]  [ ]  [ ]  [ ]  [ ]
7. I have had difficulty getting to sleep or staying awake [ ]  [ ]  [ ]  [ ]  [ ]
8. I have felt despairing or helpless [ ]  [ ]  [ ]  [ ]  [ ]
9. I have felt unhappy [ ]  [ ]  [ ]  [ ]  [ ]
10. Unwanted images or memories have been distressing me [ ]  [ ]  [ ]  [ ]  [ ]
11. Do you experience difficulties with any of the following?

Self-harm Y N

Eating Y N

Alcohol and drug use Y N

Fears of being harmed by others Y N

Thoughts of harming others Y N

Reckless and impulsive behaviour Y N

Self-neglect Y N

If you have answered yes to any of these questions, please give detail below:

1. On a scale of 0 – 8 how is your problem affecting your studies and University life?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| [ ]  Not at all | [ ]  | [ ]  Slightly | [ ]  | [ ]  Definitely | [ ]  | [ ]  Markedly | [ ]  | [ ]  Very severely |

1. What would you like to achieve from our support?
2. If the difficulties were resolved, how would things be different for you?
3. In order to help us offer you a convenient appointment time, please indicate which days/times you are able to attend. Please do not tick unless you are available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | AM |  | PM |  |
| Tuesday | AM |  | PM |  |
| Wednesday | AM |  | PM |  |
| Thursday | AM |  | PM |  |
| Friday | AM |  | PM |  |

1. How did you hear about this service?

**Record Keeping**

I understand that the University Counselling and Mental Wellbeing Service has record keeping procedures in place and processes my personal data in accordance with the General Data Protection Regulation (“GDPR”) and the Data Protection Act 2018 (“DPA”).

The personal data that I give includes:

* Factual details (e.g. address, date of birth, school etc.) are stored on the Counselling Service database; and
* A summary of what is discussed in a session is recorded.

The Counselling and Mental Wellbeing Service processes personal data in the event that students have any specific requirements whilst studying at the University. This is used in order to assist students and their experience at the University. The processing of sensitive category data will only be processed if students have made the University aware of such information and will be used to enable the University to provide appropriate services and assistance to students (GDPR Article 6(1)(e)).

**Confidentiality**

The Counselling and Mental Wellbeing Service will not normally disclose any details concerning your use of the service without your consent. In exceptional circumstances, a counsellor may consider that your safety and wellbeing, or that of a third party, are at serious risk. In this case, wherever possible, your counsellor will endeavour to obtain your consent before involving an appropriate colleague.

**Name: please print …………………………… Signed ……………………………………..**

**Date …………………………………………….. Mobile No …………………………………**

**Email …………………………………………….**

Please note: you will be offered an appointment by email. Appointment reminders may be sent by text. Please mark here if you prefer not to be contacted by text [ ]

Thank you for completing these questions. You will have a chance to discuss what you have written during your initial appointment.