**University of Cambridge Counselling Service**

**Student Pre-Counselling Form**

**IMPORTANT: Before completing the Pre-counselling form, please clearly indicate below where you would prefer to be seen:**

[ ]  I am applying ONLY for an appointment to see a counsellor within the University Counselling Service

[ ]  I am applying ONLY for an appointment to see a counsellor at my College

[ ]  I am applying to see a counsellor at EITHER the University Counselling Service OR my College

**When you apply to BOTH the University Counselling Service and your College, you will be added to both waiting lists and offered an appointment at the first available location.**

**College-Based Counselling is a scheme at the University Counselling Service whose counsellors are deployed in the colleges and therefore subject to the same policies and procedures, including confidentiality.**

**IMPORTANT**: If you are applying for an appointment at your College, please select your College below:

[ ]  Downing on a Thursday

[ ]  Girton on a Tuesday

[ ]  Lucy Cavendish on a Thursday

[ ]  Magdalene on a Monday

[ ]  Peterhouse on a Friday

[ ]  Wolfson on a Monday

 **Please note that College-Based Counselling appointments are only available in FULL TERM to members of the named Colleges.**

**PART A**

**The confidential information you provide below will help us to understand your needs and arrange an appointment for you. You do not need to give long answers and it is OK to put “I would prefer to talk about this in person.”**

**1. What are your main reasons for approaching the counselling service?**

**2. How long have you been experiencing these difficulties?**

**3. How have you been coping until now?**

**4. What are you hoping to gain from meeting with a counsellor?**

**On a scale of 1 – 10 (with 10 being the most serious), how seriously is this affecting:**

1. Your life generally [ ]
2. Your studies [ ]

**7a. Do you ever experience difficulties with any of the following?**

Self-harm Y N

Thoughts of ending your life 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

**7b. If you have answered yes to any of the questions above, can you please expand below:**

**8. Is there anything else that would be helpful to know?**

**Please continue to Part B**

**PART B**

The information in Part B is requested for record-keeping and statistical purposes; it will not be used outside the Service in any way that identifies individuals. If you are completing this form electronically, you can type into the grey areas, which will expand to fit your answers. The ‘TAB’ key will automatically take you from one question to the next. All the information you provide is covered under the terms of the Data Protection Act 1998.

**Personal Details**

|  |  |
| --- | --- |
| Your full name: |  |
| Date of birth (day/month/year) |  |
| Your telephone number: |  |
| Is it OK to leave a message on your answerphone? | [ ]  Yes [ ]  No |
| Is it OK to or send a text message to your phone? | [ ]  Yes [ ]  No |
| Your @cam.ac.uk email:(This is the email address we will use to contact you) |  |

**Academic Details**

|  |
| --- |
| College:  |
| Department or Faculty: |
| Subject:  |
| Course Level: [ ]  BA/Bsc [ ]  Masters [ ]  MPhil [ ]  PGCE [ ]  PhD [ ]  Affiliate [ ]  Other  |
| Current year of study on this course: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 or more |
| Are you registered as:A UK student [ ]  An international student (not EU) [ ]  A European student (not UK) [ ]  |
| Do you expect to graduate this year?  |  [ ]  Yes [ ]  No |
| Are you studying: |  [ ]  Full-time [ ]  Part-time  |

**Relevant medical information**

|  |  |
| --- | --- |
| Current GP: |       |
| Current Medication, if any: |       |
| Other forms of help you have used previously or currently: |
|  | Previously | Currently |
| GP (for related issues) | [ ]  | [ ]  |
| Counsellor / Therapist | [ ]  | [ ]  |
| Psychologist | [ ]  | [ ]  |
| Psychiatrist | [ ]  | [ ]  |
| Other kind of specialist help | [ ]  | [ ]  |

**Availability for your first appointment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Please put a cross (X) in the boxes below when you are **NOT** available:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9am | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 |
| Mon |     |     |     |     |     |     |     |     |  |  |
| Tue |     |     |     |     |     |     |     |     |     |     |
| Wed |     |     |     |     |     |     |     |     |  |  |
| Thu |     |     |     |     |     |     |     |     |     |     |
| Fri |     |     |     |     |     |     |     |  |  |  |

**P**lease note very restricted availability is likely to delay your starting counselling. |
| Are you in Cambridge during the next vacation? If so, please indicate the likely dates:  |
| Do you have any special requirements regarding accessing the building? [ ]  Yes [ ]  NoIf so, please describe: |

**Referral information**

**Referred by**: Who suggested that you came to see a counsellor?

 [ ]  No-one (self-referral) [ ]  Tutor [ ]  College Nurse

 [ ]  Friend [ ]  DoS / Supervisor [ ]  GP

[ ]  Family member [ ]  Other academic [ ]  J/MCR Officer

 [ ]  Partner [ ]  Peer Supporter [ ]  Other

 please describe

[ ]  Mental Health/Counselling Service [ ]  Student Union Advice Service

|  |  |
| --- | --- |
| Have you used this Counselling Service before?If you can remember, please indicate when: | [ ]  Yes [ ]  No |

**Equality, Diversity and Inclusion Monitoring Form**

The equality Challenge Unit (ECU) encourages institutions to collect equality monitoring data to help develop a deeper understanding of students and any potential barriers they face: <http://www.ecu.ac.uk/guidance-resources/using-data-and-evidence/collecting-data/>

|  |
| --- |
| **Disability**Are you disabled? **[ ]  Yes [ ]  No** |
| **If yes, please select:**[ ]  Two or more impairments and/or disabling medical conditions [ ]  A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D [ ]  A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder [ ]  A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy [ ]  A mental health condition, such as depression, schizophrenia or anxiety disorder [ ]  A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches [ ]  Deaf or a serious hearing impairment [ ]  Blind or a serious visual impairment uncorrected by glasses [ ]  A disability, impairment or medical condition that is not listed above |
| **Ethnicity.** Which of the following options best describes how you think of yourself:**Asian / Asian British**[ ]  Bangladeshi [ ]  Chinese[ ]  Indian [ ]  Pakistani [ ]  Any other Asian background, *please describe…………………………………………..***Black / African / Black British / Caribbean**[ ]  African[ ]  Caribbean[ ]  Any other Black / African / Caribbean background, *please describe……………………***Multiple ethnic groups**[ ]  White and Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  Any other Mixed / Multiple ethnic background, *please describe…………………..***White**[ ]  British / English / Northern Irish / Scottish / Welsh [ ]  Irish [ ]  Traveller [ ]  Any other White background, *please describe………………………………………***Other ethnic group**[ ]  Arab**[ ]** Any other ethnic group, *please describe…………………………………………………* |
| **Nationality:** |
| **Gender.** Which of the following options best describes how you think of yourself:[ ]  Man (including trans man) [ ]  Non-binary [ ]  Woman (including trans woman) [ ]  In another way. Please describe………………………………………………………………………………[ ]  Prefer not to answer  |
| Is your gender identity the same as the gender you were assigned at birth? (Optional)[ ]  Yes [ ]  No [ ]  In another way. Please describe…………………………………………………….. [ ]  Prefer not to answer |
| **Sexual orientation.** (optional)Which of the following options best describes how you think of yourself:[ ]  Bisexual [ ]  Gay man [ ]  Gay woman / Lesbian [ ]  Heterosexual /Straight [ ]  In another way. Please describe… ………………………………………………………………………[ ]  Prefer not to answer  |

Please take or post this form to the University Counselling Service, 2-3 Bene’t Place, Lensfield Road.

If you have completed the form electronically, first save it and then email it as an attachment to: reception@counselling.cam.ac.uk but PLEASE NOTE that we cannot guarantee that messages sent by email are confidential.

Please sign to indicate that you have read the ‘Information for anyone thinking about counselling' (available at: [www.counselling.cam.ac.uk/students.html](http://www.counselling.cam.ac.uk/students.html))

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| --- | --- | --- | --- |
| **Signed** **(or type name)** |       | Date |       |

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