St John’s College Counselling Service

Registration form

PART A

The information in Part A is requested for record-keeping and statistical purposes; it is confidential and access to it is restricted to the Health Centre (which comprises of the College Nurses and the College Counsellor). The information will not be used outside the Health Centre in any way that identifies individuals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Gender**(optional) |  | **Date of birth** |  |
| **Nationality** |  UK  Other EU  International | **Ethnicity** (optional) |  |
| **Email address** |  |  |
| **Are you:** |  Undergraduate |  Graduate |

|  |  |  |  |
| --- | --- | --- | --- |
| **College**: | St John’s College Cambridge | **Dep’t / Faculty:**  |  |
| **Subject:** |  | **Level (e.g. BA):** |  |
| **Current year of study (on this course):** |  1  2  3  4  5  6 or more |
| **Do you expect to graduate this academic year?**  |  Yes  No |

**Referral**: Who suggested that you came to see the Counsellor?

  No-one (self-referral)  Tutor  College Nurse

  Friend  DoS / Supervisor  GP

  Family member  Other academic  Other

  Partner  Chaplain

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| --- | --- |
| **Cambridge Doctor contact details**: |  |
| **Current medication, if any:** |  |

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| --- | --- | --- |
| **Other forms of help you have used previously or currently for related issue(s):** | Previously | Currently |
| GP |  |  |
| Counsellor / Psychotherapist |  |  |
| Psychologist |  |  |
| Psychiatrist |  |  |
| Other kind of specialist help |  |  |

**Availability**

Please fill in the **white boxes** below to show your availability: ‘Y’= available; ‘?’= may be available; ‘N’ = not available.

Appointments last up to 50 minutes.

Term time:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9am | 10am  | 11am  | 12pm | 1pm | 2pm | 3pm | 4pm |
| Monday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| If your timetable changes each week please give further details here:Are you in Cambridge during the next vacation? If so, please indicate the likely dates:I agree that the information above will be stored on computer for the sole use of the Health Centre staff and that anonymous data may be used for statistical and evaluation purposes. Please sign (or type name if completing electronically): |  |

Signed: ………………………………………………………………… Date: ……………………………

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***Please continue to Part B***

## PART B

**Filling in Part B is entirely optional, but it will help Susie, the College Counsellor, to understand your needs. It is useful to have some information about the problem, even if very brief. Please write as much or as little as is comfortable for you. It may also help you to focus on what you want from the service and how counselling might help you. This information will be treated confidentially and kept securely in a paper file. It will only be read by the College Counsellor and no other person.**

1. What, if anything, has prompted you to contact the College Counsellor? Please outline what you’d like to talk to Susie about.

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**2. What are you hoping for from counselling? How would things be different if the difficulties were resolved?**

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**3. Are you able to talk to anyone else for support at the moment, and if so, who? (e.g. a friend, family member)**

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**4. Do you currently have any professional support for your problems? (e.g. doctor, tutor, psychiatrist)**

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|  |

**5. Are your problems affecting your studies? If so, how much and in what ways?**

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**6. Sometimes people’s problems can lead to thoughts about harming themselves or others, or about suicide. It would help the College Counsellor if you could say if this is the case for you and, if so, say a bit more about this. Please do say if you’d prefer to talk about it in person.**

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## 7. Is there anything else that you think is important or useful for the College Counsellor to know?

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# Please first save this form and then email it as an attachment to: s.renshaw@joh.cam.ac.uk

**PLEASE NOTE** that we cannot guarantee that messages sent by email are confidential. If preferred you can print off the form or complete a paper form, put it in an envelope marked confidential and put it in the College Counsellor’s pigeonhole in the Forecourt Porters’ Lodge or pass it to the College Nurse.

Copies of the form are available in the Health Centre on the Counselling Service noticeboard or from the College Nurse.