

University College Dublin Student Counselling Service 2017-2018

Name:		Student No:	
Date of Birth (DD/MM/YY): ____/____/____			
Term Contact Address:		Home/Permanent Address (if different from term address):	
Ok to contact by post? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ok to contact by post? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone No:		Ok to contact by call/text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Note: Counselling updates & offers of appointments are sent to your UCD Connect email account.			
Details of person to contact in case of emergency (Name, Address, Phone No, Relationship, e.g. parent):			
Family GP Details (Name, Address, Phone No.):			
Nationality:		Type of current accommodation (please tick):	
		<input type="checkbox"/> Family Home <input type="checkbox"/> UCD Campus Residences <input type="checkbox"/> Private Rented Accommodation <input type="checkbox"/> Other (Please specify):	
Course What course are you studying? What year of the course are you in?		Registered as (please tick): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate Masters <input type="checkbox"/> Post Graduate Doctorate <input type="checkbox"/> Other (Please Specify):	
		Are you registered as /with any of the following? (Please tick if relevant) <input type="checkbox"/> UCD Disability Service <input type="checkbox"/> HEAR <input type="checkbox"/> Mature Student <input type="checkbox"/> International Student	
Are you currently attending a Psychiatrist <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> UCD Psychiatrist <input type="checkbox"/> Other Psychiatrist			
Are you currently attending counselling/psychotherapy elsewhere. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Source of Referral (please tick): <input type="checkbox"/> Self <input type="checkbox"/> University Chaplain <input type="checkbox"/> Student Health Service GP <input type="checkbox"/> Student Adviser <input type="checkbox"/> Student Health Nurse <input type="checkbox"/> Disability Service Staff <input type="checkbox"/> Student Health Psychiatrist <input type="checkbox"/> Student Welfare Officer <input type="checkbox"/> Own family GP or Medical Specialist <input type="checkbox"/> Any other Staff member at the University <input type="checkbox"/> Academic Staff at University <input type="checkbox"/> Other (please specify):			

Mandatory Reporting: Where a student discloses any incident/s of abuse (neglect, emotional, physical, sexual) past or present, counsellors are legally obliged to make a report to the Child and Family Agency (TULSA) under The Children First Act 2015. For more information see <http://www.tusla.ie/children first/>

Student Consent: I have read the **UCD Student Counselling Service: Information for Students Considering Counselling leaflet** and the above and accept that I am attending the Student Counselling Service on this basis.

Signature: _____

Date of Registration: (DD/MM/YY) ____/____/____