

University College Dublin Student Counselling Service

2015-2016

Welcome to the UCD Student Counselling Service. Please read the information leaflet overleaf and then complete and sign this brief Registration Form. All information collected will be treated in a confidential manner.

Name:		Student No:
Ok to contact by E-Mail : <input type="checkbox"/> Yes <input type="checkbox"/> 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 to call/text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family GP Details (Name, Address, Phone No.):		
Details of person to contact in case of emergency (Name, Address, Phone No, Relationship, e.g. parent):		
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):		

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

Signature: _____

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

For Office Use Only

Date Referral Received:	(DD/MM/YY) ____/____/____		
Date of First Appointment Offered:	(DD/MM/YY) ____/____/____		
Date of First Appointment Accepted:	(DD/MM/YY) ____/____/____	Time: ____:____	With (initials):
Type of Appointment (please tick) S <input type="checkbox"/> D <input type="checkbox"/> P <input type="checkbox"/>			