Southern Cross University

SCU Counselling Service
Skype Counselling Intake Form for Students

SCU Student Health Services - COUNSELLING CONFIDENTIAL REGISTRATION FORM

The information you provide here is entirely at your discretion. The purpose is to assist in service planning.

Family name: _____ **Given names:** _____

Student Number: _____ **Date of birth:** / / **Age:** _____

International Student?: ☐Yes ☐No **Gender:** ☐Male ☐Female ☐Prefer not to Say/Other

Country of birth: _____ **First / Home Language:** _____

Are you the first person from your family to attend university?: ☐Yes ☐No

Please tick ALL the boxes which apply: ☐ Full-time ☐ Part-time ☐ Internal ☐ External ☐ International student on Visa

Please tick ALL boxes that apply to you: ** these are Equity Charters which help with the evaluation of our service delivery*

☐ Non-English speaking background ☐ Student with a disability ☐ Women in Higher Degrees

☐ Aboriginal/Torres Strait Islander ☐ From Rural area ☐ LGBTI

☐ Low socio-economic background ☐ From Isolated area

Semester address: _____

Suburb: _____ Postcode: _____ Email: _____

Telephone: _____ Mobile: _____ Skype : _____

May we contact you using *(please tick)*: ☐Any method ☐Address ☐Email ☐Telephone ☐Mobile ☐ Skype

Emergency Contact/s **Name/s:** _____ **Phone/s:** _____

Relationship to you: _____ _____

Academic School _____

(*e.g. Arts & Sciences, Education, Environmental Science & Management, Gnibi College, Health & Human Sciences, Law & Justice, Tourism & Hospitality Management, SCU College, Southern Cross Business School)*

Program Type *(Please tick one)* ☐ Undergraduate ☐ Postgraduate ☐ Certificate / Diploma ☐ Non Award

Degree / Program Name: (e.g. Bachelor of Arts, PSP) _____

Year of Study: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

If you are not currently studying please indicate: ☐ On leave of absence or medical leave ☐ On exclusion, sanctions or suspended ☐ Admitted but not currently enrolled

Please complete second page

Southern Cross University

SCU Counselling Service
Skype Counselling Intake Form for Students

Have you received counselling previously? ☐ Yes ☐ No

Are you currently receiving counselling &/or treatment from a GP / counsellor / psychiatrist? ☐ Yes ☐ No

If yes, who is your doctor/ counsellor/ psychiatrist? _____ **Tel:** _____

Are you currently taking any medication? ☐ Yes ☐ No

If yes, please list medication & dosage: _____

How did you find out about the Counselling Service? (Please tick one)

☐ Lecturer/Staff member ☐ Student diary ☐ Orientation Talks ☐ Friend
☐ SCU Student Association ☐ Handbooks ☐ SCU Online ☐ On campus Accommodation
☐ Student Services ☐ Poster notices ☐ Other Students ☐ Other.....

How are your university studies being affected? (Please check all that apply)

☐ Ability to concentrate ☐ Stress management ☐ Family issues
☐ Study skills ☐ Anxiety ☐ Relationship issues
☐ Adjusting to uni ☐ Depression ☐ Work / life / study balance
☐ Special Consideration ☐ Substance use / misuse ☐ Grief & loss
☐ Considering withdrawing ☐ Socially isolated ☐ Medical issues
☐ Complaint / Grievance ☐ Other personal issues ☐ Disability

Confidentiality & Privacy

The SCU Counselling Service is committed to providing you with the highest level of professional counselling services. This includes protecting your privacy and working under a Code of Ethics (http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf).

As part of our service to you we need to collect and record personal information that is relevant to your current situation. Providing this information is your choice, however, not providing information may impact on the service that can be delivered. All personal information collected by the counsellors will remain confidential and secure. Information can only be disclosed if it is to protect you or others from harm, if a court order is produced or you have provided written permission. Information you provide to your counsellor may be shared with other counsellors within SCU Counselling Service for the purpose of effective care and clinical management.

Please help us to ensure that we hold accurate information about you, by informing us of changes in your circumstances, such as changes in your name, address, telephone number or academic program undertaken.

The Health Records & Information Privacy Act 2002 (NSW) regulates the fair and responsible handling of health information and gives you the right to access your personal information (subject to some exceptions). SCU also has specific policies on collection and holding of information in their Privacy Management Plan (http://www.scu.edu.au/privacy/index.php/4/). If you would like to access your file please speak with your counsellor.

For the purposes of improving our service delivery we may contact you in future to provide anonymous feedback on the service you have received.

SCU Counselling does not provide a 24 hr emergency service, please see under useful links on the SCU Counselling website for emergency services phone numbers http://www.scu.edu.au/services/supportservices/index.php/links?id=13

I have read and understood the above information and I accept the terms of SCU counselling.

Signed: _____ **Date:** / /

Office Use Only: Date of consultation: _____ **Counsellor:** _____