

Counselling Registration Form

Counselling Services

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

Student Details							
Family name	ily name Given name/s						
Student number		Date of Birth	Age				
Gender							
Male Female Country of birth							
Street address (<u>students to provide if living in Australia</u>)							
Suburb		Postcode	Mobile				
Email							
May we contact you using?							
Any listed method	Mail	Email Mobile – ca	ll Mobile – SMS	Zoom			
Emergency Contact details Full name		Phone number	Relationship t	o you			
Please tick ALL boxes that apply to you (these categories help with the evaluation of our service delivery)							
Aboriginal/Torres Stra	iit Islander	Non-English speaking ba	ackground LGBTIQ+				
From Isolated/Rural a	rea	Student with a disability					
Are you the first person from your family to attend University							
Ves No							

Academic Faculty name

Degree/Program name

Prog	gram type							
	Undergraduate	graduate Postgraduate		Cert	ificate/Diploma	Non-Awar	Non-Award	
Are you studying								
	Full-time studen	t Part-	Part-time student		On-campus	Online	External	
	Domestic	Inter	national					
Year	of study							
	1st 2nd	3rd	4th	5th	6th			
lf no	ot studying, are yo	u?						
On leave of absence or medical leave On exclusion or suspended								
	Admitted but not currently enrolled			Other (please indicate)				
How did you find out about the Counselling Service?								
	Lecturer/Staff me	ember Orie	ntation talks	F	riend	Handbook		
	Client Services	SCU	Online	F	Poster notices	SCU Student A	ssociation	
	On campus acco	mmodation	Anothers	student	Other (pl	ease indicate)		
Have you received counselling previously?								
	Yes No							
Are you currently receiving counselling and/or treatment from a GP/Counsellor/Psychiatrist?								

	Yes	No	If yes, who is	your Doctor/Counsellor/	Phone no		
Reas	Reason for accessing the Counselling Service (please check all that apply)						
	Stress mana	geme	nt	Family issues	Adjusting to University	Considering withdrawing	
	Depression			Anxiety	Work/life/study balance	Relationship issues	
	Grief and los	55		Medical issues	Socially isolated	Substance use issue	
	Complaint/g	grievai	nce	Disability	Other personal issues	Other	

Confidentiality and 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 Conduct.

SCU is requesting this information from you so that we can provide a professional counselling service. We may also use deidentified information to evaluate our service. Providing us with the requested information is not required by law. However, if you choose not to provide us with the requested information, it may impact on the service we can provide.

Information you provide to your Counsellor may be shared with other staff in the SCU Counselling team for the purpose of effective care and clinical management. Please speak to your Counsellor if you are unsure about this or do not wish this to occur.

When storing your personal information electronically, SCU may disclose your personal information to overseas recipients by virtue of its cloud computing arrangements. SCU's 'cloud' servers are located in Hong Kong, Singapore and Ireland and SCU is reasonably satisfied that these countries have similar privacy protections to those afforded under Australian law.

SCU will not disclose your personal information to anybody else without your consent unless we are required to do so by law – for example if the information is needed in an emergency, to protect you or others from harm, or for law enforcement purposes.

You may request access to your information at any time. To access or update your personal information, or for more information on our privacy obligations, ask to speak to our Privacy Contact Officer or email privacy@scu.edu.au. A copy of the University's Privacy Management Plan is available at http://policies.scu.edu.au/view.current.php?id=00018

Please read and tick if appropriate:

I consent to being contacted in the future to provide anonymous feedback on the service I have received.

I understand that SCU Counselling does not provide a crisis or emergency service. Please see under useful links on the SCU Counselling website for emergency services phone numbers.

I have read and understood the above information and I accept the terms of SCU Counselling. Student Signature Date

Office Use only

Counsellor's Signature

Date of consultation