**Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | | | | | | | | **Family Name** | | | | | | | **Student Number** | | | | | | | |
| **Mobile Number** | | | | | | | | **Email** | | | | | | | | | | | | | | |
| **Date of Birth**  **What is your sexual orientation?**  **Heterosexual**  **Bisexual**  **Gay Man**  **Gay woman/lesbian**  **Other, please specify**  **Prefer not to say** | | | |  | | | | **What is your sex?**  **Male**  **Female**  **Intersex**  **Other, please specify**  **Prefer not to say** | | | | | | | |  | | | | | | |
| **Programme of Study** | | | | | | | | **Duration of Course** | | | | | | | | | | | | | | |
| **From:** | | |  | | | | | | **To**: | | |  | | |
| **Degree** | | Undergraduate | | | | | | Masters | | | | | | | | | PhD | | | | | |
| General Course | | | | | | Summer School | | | | | | | | | Other | | | | | |
| **Nationality** | | Home | | | | | | | EU | | | | | | | | Non-EU | | | | | |
| Have you seen a Counsellor or a Mental Health Adviser before? | | | | | | | | | Yes | | | | | | | | No | | | | | |
| If yes, please give details of who you saw and when this was? | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently in counselling/therapy? | | | | | | | | | | | | | | Yes | | | | | | No | | |
| Are you registered with a GP at St Philips Medical Centre? | | | | | | | | | | | | | | Yes | | | | | | No | | |
| If no, please provide details of your own GP in the space below:- | | | | | | | | | | | | | | | | | | | | | | |
| **GP Name** | | |  | | | | | **GP Address** | | | | | |  | | | | | | | | |
| **Current Medications** | | |  | | | | | | | | | | | | | | | | | | | |
| **Over the last week, how much have the following statements been true for you?** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Strongly Disagree** | | | | **Neutral** | | | | | | | | **Strongly Agree** | | | |
| **1** | | | **2** | | **3** | | | | | **4** | | | | **5** | |
| I cannot concentrate on my studies | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I feel tearful and upset | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I am having panic attacks | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| My appetite is not normal for me | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I am sleeping badly at present | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I don’t know anyone who can support me | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I am thinking of harming myself or others | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| I am using alcohol or recreational drugs to cope with my difficulties | | | | | | |  | | |  | |  | | | | |  | | | |  | |
| **Ethnic Origin (This information is only used for statistical purposes)** | | | | | | | | | | | | | | | | | | | | | | |
| * Asian or Asian British – Indian | | | | | | * Black or Black British – Caribbean | | | | | | | * Mixed – White & Asian | | | | | | | | | |
| * Asian or Asian British – Pakistani | | | | | | * Black or Black British – African | | | | | | | * Irish Traveller | | | | | | | | | |
| * Asian or Asian British – Bangladesh | | | | | | * Other Black background | | | | | | | * White | | | | | | | | | |
| * Other Asian background | | | | | | * Mixed – White & Black Caribbean | | | | | | | * Other Mixed background | | | | | | | | | |
| * Chinese | | | | | | * Mixed – White & Black African | | | | | | | * Other Ethnic background | | | | | | | | | |
| * Prefer Not to Say | | | | | | * Other comment: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please tell us about the difficulties you are having and what kind of help you are seeking? | | | | | | | | | | | | | | | | | | | | | |
| Please ensure that you read the Confidentiality Policy before your appointment, available from Reception. | | | | | | | | | | | | | | | | | | | | | |
| I have read and consent to the Policy | | | | | | | | I require further information | | | | | | | | | | | | | |
| Signed: | | | | | | | | | | | | | | Date: | | | |  | | | |
|  |  | | | |  | |  |  | | |  | | |  | | | |  | | | |

**Any further comments/thoughts you would like to make?**

**Confidentiality (Please see full version on our Website).**

<http://www.lse.ac.uk/intranet/students/supportServices/healthSafetyWellbeing/adviceCounselling/studentCounsellingService/confidentiality.aspx>)

The Counselling Service is confidential and we will not discuss anything about you outside of the Counselling and Well Being Service without your explicit agreement, except in exceptional circumstances. For example, we would have a duty to inform your GP if we were concerned that there was a serious risk or harm to yourself or others.

Confidentiality is a most important part of this service, and the service subscribes to the ethical framework of the BACP (British Association for Counselling & Psychotherapy). To read the service confidentiality policy click here (PDF); this provides detailed information on confidentiality and data protection procedures.

The service stores data in accordance with the Data Protection Act. Counsellors keep their own records of their work, and these notes are held securely and confidentially for 6 years, after which they are destroyed. These records do not form part of any other record system within the university. The service also stores basic information about each student on a secure and confidential database, which is also kept separate to any other student record system. This information is used to compile aggregate data and monitor the service as a whole. No information that can be traced back to individuals will be released by the counselling service.