

Student Counselling and Wellbeing Referral Form



Please note: The Counselling Service is private and Confidential; All data is held in the strictest of confidence and in accordance with Data Protection legislation.

However, should you share any information that relates to yourself or somebody else being at risk, Counsellors are obligated to follow the NPTC Group Safeguarding Policy and inform relevant organisations or individuals. For further information, please speak with a Counsellor or refer to the Counselling Service 'Confidentiality Policy' / Safeguarding Policy and the Privacy Policy.

Student Name:	Student ID:
Date of Birth:	Campus:
Course:	
Email:	Mobile:
Home tel.:	Can the counsellor contact you at home? Yes / No (please circle)
Referred by: Self / Tutor / Learner Services / Other (please circle) Date of referral:	Student Signature:

Emergency contact details:

Name:	Contact No.:
Relationship:	Address:

GP contact details:

Surgery Name and Address:	
Name of GP (if available):	Tel No.:
Current Medication:	

Other agencies/organisations involved in your care/support?

CAMHS / ISCAN / MIND / or other:

(please circle or specify other)

Please could you assess your current situation?

My issues affect me: some of the time / most of the time / all of the time? (please circle)

How do your issues affect your studies?

not at all/sometimes / most of the time / I am unable to study because of them (please circle)

Would you prefer counselling in Welsh? Yes/No

Is there a day on which it would be difficult for you to come to counselling e.g. because you are attending work, placement or other – (please circle any day on which it may be difficult for you to attend below)

Monday / Tuesday / Wednesday / Thursday / Friday

For counsellor's use only:

Appointment Date:..... Time..... Counsellor.....

Initial contact made by counsellor: Date..... Method..... Response: Yes / No

1st appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

2nd appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

3rd appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

4th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

5th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

6th appointment: Attended/Cancelled/DNA Counsellor contact: Date..... Method.....

Notes:

End of counselling, Date: