**Application for Counselling**

**All information is treated in the strictest confidence and used for administrative and monitoring purposes only.**

**A. Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: | |  | | | | | | | Title: | | |  |
| Home Address: |  | | | | | | | | | | | | | |
|  | | Postcode: | | |  | | | Borough: | |  | | | | |
| Telephone: |  | | Mobile: | | |  | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | | |
| We prefer to communicate with you by email and phone; if you do NOT have an email address that you check regularly please indicate by ticking - | | | | | | | | |  | | | | □ Letter | |
| If contacting you by telephone, is it ok to leave a voicemail message? | | | | | | | | | □ Yes | | | □ No | | |
| **GP Details: Please note, we will not contact your GP without first discussing this with you.** | | | | | | | | | | | | | | |
| Name of GP: |  | | | | | | | | | | | | | |
| Address of GP: |  | | | | | | Postcode: | | |  | | | | |

**Emergency Contact Details: This information is compulsory.**

Emergency contact name: Number: **m**

**B. Advertisement** -How did you hear about the counselling service at The Centre for Better Health? (Please give details)

**Have you ever received counselling with any organisations? Please give details below. (This information will in no way affect your application process with us)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ GP | □ IAPT | □ Secondary Care | □ Hospital | |
| □ Voluntary Organisation | □ University | □ Church | □ Employee Assistance Programme | |
| □ Private Therapist | □ Other |  |  |  |

**Date/s of therapy received:**

**Are you currently receiving counselling with another organisation?\***

|  |  |
| --- | --- |
| Yes □ | No □ Details: |

**⃰⃰⃰** it is not advisable to be in counselling with more than one agency. Please inform us if this could be the case.

**C. Assessment**

**Please note a Government directive forbids general counselling services from working with adoption issues. Clients with adoption issues should seek counselling from adoption services.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | | Gender: | Male □ | Female □ |
| Relationship Status | |  | First Language: |  | |

Have you ever been admitted to hospital experiencing mental distress?

Have you ever been diagnosed with a mental illness? If yes, what was the diagnosis?

Have you ever taken prescribed medication for mental health issues? Please give details.

Are you currently taking any medication? Please give details bellow?

Please tick and describe the following issue(s) that apply to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Aggression | □ Anxiety | □ Bereavement | □ Depression | |
| □ Domestic Problems | □ Emotional Difficulties | □ Panic Attacks | □ PTSD | |
| □ Relationship Problems | □ Stress | □ Multiple Factors | □ Other |  |

|  |  |
| --- | --- |
| Are you currently enrolled as a counselling student? \* □ Yes □ No | |
| If yes, where? |  |

**\* The centre will not offer counselling therapy to counselling students who are seeking therapy solely to fulfil their course requirements and no written confirmation of attendance will be issued under these circumstances.**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a preference in terms of counsellor gender? (no preference increases availability) | □ Male | □ Female | □ No preference |

**D. Availability**

**IMPORTANT (please read):**

**Please note that it is important to state the days and times you are able to commit to regular sessions as once an appointment has been confirmed and agreed to, we are unable to reschedule this without returning your application to the waiting list.**

**Your counselling will be at the same day and time each week. If your availability changes whilst you are waiting for an appointment, you must contact the centre to inform us. If we make contact to offer you an appointment and you update your availability at this point, we will treat this as a fresh application and it will be returned at the back of the waiting list.**

**These measures are in place to help us reduce the longer waiting times we are experiencing at the moment; we would like to thank you for your cooperation.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAYTIME**  Please indicate which of the followings apply to you | | | | | | | | | | | |
|  | | **Monday** | | **Tuesday** | | **Wednesday** | **Thursday** | **Friday** | **Fees** | **Waiting Times** | |
| **9am**  **10am**  **11am**  **12pm** | | **No counselling service** | |  | |  |  |  | Income Based  £5, £10, £20 | 4 months  approx | |
| **1:00pm**  **2:00pm**  **3:00pm**  **4:00pm** | |  | |  | |  |  |  | Income Based  £5, £10, £20 |
| **EVENING** | | | | | | | | | | | |
|  | **No counselling service** | | Anytime 🞏 | | Anytime 🞏 | | Anytime 🞏 | **No counselling service** | Always £20 | | 6 months approx |
| 5-6pm 🞏 (shorter waiting times) | | 5-6pm 🞏 (shorter waiting times) | | 5-6pm 🞏 (shorter waiting times) |
| 6-7pm 🞏 | | 6-7pm 🞏 | | 6-7pm 🞏 |
| 7-8pm 🞏 | | 7-8pm 🞏 | | 7-8pm 🞏 |

**E. Income Status and Fees –** Please tick/highlight which of the following applies to you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □  Employed F/T | □  Employed P/T | □  Self-employed | □  Student/Unemployed | □  Unemployed and receiving benefits |

The following charges are set on a sliding scale and are payable at the front desk before your session each week

* + £5 per session for clients who are unemployed **and** in receipt of benefits (Please note proof is required at the start). **DAYTIME ONLY**
  + £10 per session for clients who are unemployed **and not** receiving benefits; students, self-employed clients and individuals in part-time employment. **DAYTIME ONLY**
  + £20 per session for clients in full time employment or attending evening counselling (from 5pm).

**F. Ethnicity (categories based on Hackney Census)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | | □ White - British | | | □ Irish | | | | | □ Traveller of Irish Heritage | | | | | | | | | □ Icelanders | | | □ Liechtensteiner | | | |
|  | | □ Swiss | | | □ Norwegian | | | | | | | □ Albanian | | | | | | | □ Bulgarian | | | □ Romanian | | | |
|  | | □ Orthodox Jewish | | | | |  | | □ Polish | | | | | | |  | □ Any other white background | | | | | | | | |
| **Black** | | □ Angolan | | | □ Caribbean | | | | | | | | | □ Congolese | | | | | | | □ Ghanaian | | | □ Nigerian | |
|  | | □ Sierra Leonean | | | □Somali | | | | | | | | | □ Sudanese | | | | | | | □ Black African – Other | | | | |
|  | | □ Black Asian | | | □ Black British | | | | | | | | | □ Black – Other | | | | | | | | | | | |
| **Asian** | | □ Bangladeshi | | □ Chinese | | | | | | | □ Indian | | | | □ Pakistani | | | | | □ Vietnamese | | | | | □ Any Other Asian |
| **Mixed** | | □ White and Black African | | | | □ White and Black Caribbean | | | | | | | | | □ White and Asian | | | | | | | □ Mixed Other | | | |
| **Other Ethnic Group** | | | □ Afghan | | | | | □ Kurdish | | | | | □ Turkish/Turkish Cypriot | | | | | | | | | □ Greek/ Cypriot | | | |
|  |  | | □ Latin/South/Central America | | | | | | | | | | | | | | | □ Arab | | | | | □ Ethnic Other | | |

**G. Informed Consent**

I understand that by completing this application form, I am applying for counselling services at the CBH, which will include an assessment interview. I understand that I will receive counselling from a counsellor in training. I understand that my counsellor will attend supervision and may discuss aspects of my case in confidentiality.

I understand that all information shared with the assessor and my counsellor is confidential and no information will be released without my written consent. Verbal consent for limited release of information may be necessary in special circumstances.

I further understand that confidentiality may be broken in the following circumstances:

* Risk to self
* Risk to others
* Safeguarding of vulnerable persons

I agree to the above terms and confirm that I have read the points to note and will read the Client Guidelines as well as the client attendance policy before my counselling commences.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick this box if you would like to be added to our mailing list and receive our program of courses and workshops quarterly.

**Please ensure that you have fully completed all sections of this form, and have signed and dated this application. If submitting this form electronically please type your name and date in the appropriate space.**

**What Next**

Please note that although we process new applications chronologically, we will only offer a first appointment when we feel we are able to allocate appropriately. There are a number of factors that go into an allocation which means that first appointments are not necessarily offered in chronological order and that we do not administer a queuing system from receipt of application.

We will first contact you to arrange an initial assessment then offer you your first appointment for the start of your counselling. We request that you confirm your attendance for the assessment and your first session within 3 days of our contacting you. After this lapse of time, your application will be withdrawn from our waiting list and the session time re-allocated. You can reactivate your application within 6 months by contacting us.

Our waiting times are around 4 months for a daytime appointment and approximately 6 months for an evening appointment (please note 5pm slots tend to have a shorter waiting time). We will endeavour to offer you an appointment earlier than this if at all possible. The duration of counselling offered will depend on client’s needs and will be regularly reviewed throughout the course of therapy.

Any appointment offered will be for counselling to take place on the same day at the same time each week.

**Engaging with the service: \*\*\*IMPORTANT\*\*\* Points**

When receiving confirmation of your first appointment you will be sent the Guidelines for Counselling Clients as well as the Client Attendance Policy, which you are asked to read before your counselling starts. Your counsellor or the person on reception will be available to clarify any points for you if needed. Below are a few points to note in the interim.

* To help us manage and keep the waiting times to a minimum, if, on being allocated to a counsellor and you have confirmed acceptance, you fail to attend on the agreed start date without giving the centre prior notice, it will be assumed that you no longer wish to receive counselling and your place will be given to another client. Also note that if you need to cancel your first session, you will be expected to attend the following week or we will cancel any subsequent sessions.
* If you need to cancel a session with less than a week’s notice you can call the centre on 020 8985 3570 or email admin@centreforbetterhealth.org.uk. Ideally, you should give us at least 24 hours’ notice. However, if this is not possible you should give no less than two hours’ notice.

Any sessions cancelled with less than two hours’ notice, or without any notice, will be charged at your usual rate. This will be payable at your next session. Note that the service allows a maximum of three missed/cancelled sessions during a course of therapy which will not be charged if enough noticed is given. We refer to this as a fee allowance. After this fee allowance, any sessions missed or cancelled will be charged.