



**APPLICATION / ASSESSMENT
for Day-Time Counselling**

All information is treated in the strictest confidence.

First Name: _____ **Surname:** _____ **Title:** _____

Address: _____

Postcode: _____

Telephone No: _____ **Mobile No.** _____

Email: _____

GP Details – We will not contact your GP without first discussing this with you.

Name of GP: _____

Address of GP: _____

Postcode: _____

Source of referral (please tick):

- Self Hospital – Emergency Clinic
- GP Hospital Ward
- Community Mental Health Team Other PRA-projects
- Friend/Family Other projects e.g. C&H MIND

1. Do you feel that you need to see someone straight away? YES NO

2. Do you feel that you need to see someone **SHORT TERM** **LONG TERM**
(less than 6 months) (more than 6 months)

3. What is the best time to contact you regarding a vacancy?
DAY(S): _____ **TIME:** _____

4. What is the most suitable day and time for you to attend regular counselling sessions?
Mon-Fri: First appointment 9am. Last appointment 4pm. Evening appointments may be available at full cost. Please phone us for details.

DAY(S): _____ **TIME:** _____

5. Would you like to see a woman or a man counsellor?

We will do everything possible to meet your requests. At times we may not be able to meet all your requirements but we will do all we can to offer you a suitable alternative.

Date of Birth: _____ Sex: _____
Marital Status: _____ First Language: _____

6. Have you ever suffered from a mental illness? If so, what was the diagnosis?

7. Have you ever been admitted to hospital suffering from a mental illness?

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8. Are you currently taking any medication? Please give details below.

9. Please describe and tick the issue(s) that you would like a counsellor to help you with.

- | | | | |
|------------------------|--------------------------|-----------------------|--------------------------|
| Aggression | <input type="checkbox"/> | Panic Attacks | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | PTSD | <input type="checkbox"/> |
| Bereavement | <input type="checkbox"/> | Relationship Problems | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| Domestic Problems | <input type="checkbox"/> | Multiple Factors | <input type="checkbox"/> |
| Emotional Difficulties | <input type="checkbox"/> | | |

10. How did you hear of C4BHs' Counselling Service?

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11. Please can you tell us if you have ever had counselling with any other organisations and, if so, which ones? (this information will in no way affect your application with us)

NOTE: It is the responsibility of the client to inform Admin at C4BH if they commence therapy with any other body/organisation/therapist whilst engaged in therapy with the C4BH.

12. Are you currently enrolled in a counselling course?

YES () NO ()

13. Under the Child Adoption Act of 2006 we have to ask you if you have any adoption issues. Please answer this question in order for us to be able to process your counselling request.

YES () NO ()

14. Employment Status:

a) Are you currently in employment/self-employed? YES () NO ()

b) Are you currently in receipt of any benefits? YES () NO ()

15. Please tick the relevant box below that describes your ethnic origin:

- | | | | |
|----------------------------------|--------------------------------|----------------------------------|---|
| African | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| American | <input type="checkbox"/> | Jewish British | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Other Jewish (specify country) | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Black British | <input type="checkbox"/> | White European (specify country) | <input type="checkbox"/> |
| Cypriot <input type="checkbox"/> | Greek <input type="checkbox"/> | Turkish <input type="checkbox"/> | Other (pls. specify) <input type="checkbox"/> |

- There is a charge of £15.00 per session for clients in full time employment.
- Rates are negotiable for those who work part time.
- For those who are unemployed, we ask for a minimum donation of £2.00 per session. You may be required to show proof of benefits.
- Student counsellors will be charged £15.00, regardless of their employment status.
- Any client NOT providing us with 24hrs notice prior to a cancellation will be charged £5.00 per missed session.

I agree to the above terms and conditions.

Signature:

Date:

CENTRE FOR BETTER HEALTH

1a Darnley Road, London E9 6QH

Tel: 020 8985 3570 Fax: 020 8986 1334

Website: www.c4bh.co.uk E-mail: admin@praservices.org.uk

At times it is necessary for our counsellors to tape sessions as part of their ongoing professional development. Please indicate if you would be prepared to have a session taped for these purposes.

Please tick.

() YES. I am prepared to allow a counselling session to be taped.

() NO. I am not prepared to have a counselling session taped.

NOTE: Your response will have no bearing on your waiting time for a counsellor.