

Counselling Intake



Personal details

Date: __/__/____

Student ID: _____

First name:..... Surname:..... Preferred name:.....

Gender:..... Date of Birth: __/__/____ Phone:..

Aboriginal: Yes No Torres Strait Islander: Yes No

Email:

Current address:.....

Post code:.....

Emergency contact:..... Phone:.....

Which category best describes you?

** Please tick all boxes relevant to you.*

Full-time Part-time Apprentice Higher Education: TAFE

International student: Domestic student Online student

Campus.....

Name of course:.....

How did you find out about the service?.....

Who were you referred by?.....

Medical conditions?.....

Have you had counselling before?.....

What are the main things you want to talk about?

How is your study/work affected by your concerns?

Not at all Mildly Moderately Severely Unable to study/work

Counselling Intake



Personal and study-related counselling is provided to students on a short-term basis (generally one to six sessions). Please discuss any queries, or concerns you may have with your counsellor.

Collecting information

Information is gathered as part of the counselling process to enable us to provide you with a thorough and informed counselling service. The personal and health information which you provide as part of the counselling process is encrypted and is only accessible by the qualified counsellors within the counselling team.

We will always handle your personal and health information in accordance with the University's Information Privacy Policy and Procedure (<https://federation.edu.au/staff/governance/legal/legal-compliance/privacy>), inclusive of relevant legislation.

Administration staff will be aware of time and date of appointments for booking purposes only.

Access to client information

At any stage, you as a client are entitled to request your records and access your personal and health information kept on file, unless the relevant legislation states otherwise. We will respond to your request within a reasonable time.

Confidentiality

All personal and health information gathered by the counsellor during the provision of services provided will remain confidential and secure, except where required by law, e.g.:

1. You or another person is at serious and imminent risk; or
2. There is a child at risk of harm; or
3. If the courts compel us to disclose information.

Feedback and Complaints

If you have a complaint about the privacy of your personal information, we request that you contact the University Privacy Officer by telephone on (03) 5327 9504 or email privacyofficer@federation.edu.au.

Please refer to our website for details of "The Health Complaints Commissioner".

Cancellation Policy

Where possible, please provide at least 24 hours' notice in the event you need to cancel or reschedule an appointment. In some cases, your counsellor may elect to contact you to enquire about missed appointments.

If your counsellor is unable to meet with you for your appointment, an administration officer from Student Connect staff will call you to reschedule your appointment.

We conduct **Counsellor Feedback Surveys** to monitor and improve our services. Please let us know if you do not wish to participate in the anonymous survey.

I do not wish to receive the Counsellor Feedback Survey.

Consent

I, _____, have read and understood the above consent form.

I agree to the conditions for the counselling service provided by Federation University.

Signature: _____ Date: _____