Student Counsellor Details

**Please complete the following information below and return the agreement to me as an attachment if you would like to proceed with our Mentoring service:**

Full name:

Name you would like the Mentor to use if different to above (your given/legal name):

Address:

Date of Birth:

Emergency contact number for yourself *(in the event of technology breakdown which disrupts a counselling appointment or our inability to meet you at the agreed session time):*

Telephone number:

Email:

Preferred contact type: Calls Text Email

Emergency contact number for someone else (*in the event you are unwell during a session or in the event of a welfare check, this can be a family member, a friend, colleague, or support worker, please inform them that you have provided this information*):

Name:

Relationship to you:

Telephone number:

Email:

GP Surgery Name and Address:

Please sign (electronically if needed) and date here if you agree to working to the points within this agreement.

Signature………………………………….

Date………………………………………….

**Please answer the questions listed below prior to returning the signed agreement document.**

Please advise of the awarding body of your counselling course, your course level and which education institution are currently studying this course at?

Please provide brief details below regarding what parts of your studies you would like to explore in the sessions (this of course may change during our work or the course)?

Are you currently receiving counselling or psychological support?

Do have any diagnosed physical conditions/diagnosis that I may need to be aware of (for your safety within sessions, so that I can react accordingly in the event of an incident)?

Please list any prescription medications you are currently taking (for your safety within sessions, so that I can react accordingly in the event of an incident)? (please state none if not applicable):