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| Student WellbeingRegistration Form |
| **Name:** |  | **Date of Birth:** |  |
| **Term Time****Address:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Can we send SMS appointment reminders?** | YES / NO |
| **Can we leave a voicemail on the above number?** | YES / NO |
| **If not, how may we contact you?** |  |
| **Are you registered with the****Talbot Medical Centre?**(The GP on campus) | YES / NO *(please give name and address of doctor’s surgery if registered elsewhere)* |
| **Have you made contact with this service before?** | YES / NO |
| **Who referred you****to the service?** | Myself | BU Staff: Tutor | BU Staff: Other | Doctor | Other *(please state):* |
| **How did you hear about us?** |  |

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| **Where would you prefer to have your appointments?** |
| **Talbot Campus** |  | **Other** *(please specify)* |  |
| **Lansdowne Campus** |  |  |

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| **Date:** |  | ***(Admin Only)*** Date received if different |  |

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| **About You. *Please answer all questions, writing No or N/A if the question does not apply to you*.** |
| Could you give us a brief description of any problems that have led you to seek support. |
| When did your difficulties start? |
| Please provide details if you have ever sought any counselling, psychological or psychiatric help before. |
| Is there anything else you want us to know at this stage? |

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| Student WellbeingConsent and Confidentiality Agreement |
| **Confidentiality:**Your registration with our service and attendance at sessions is confidential within Student Wellbeing, however we may need to breach confidentiality in the following situations:* The clinical staff at Student Wellbeing all receive regular clinical supervision, which can be provided by an external supervisor or a supervisor within Student Wellbeing. Your practitioner may discuss your support as part of the normal supervision process, although it is not necessary for you to be identified.
* If your practitioner believes that you or any other person is at risk of harm, he/she may need to act to safeguard those involved and to ensure the safety of yourself or others. In this event your practitioner will only share the minimum details necessary with the appropriate third party. Wherever possible, any breach of confidentiality will be discussed with you in advance.

**Records and note keeping:** Your records are held in accordance with the Data Protection Act 2018 on a secure electronic database within Dorset HealthCare University NHS Foundation Trust (DHUFT). You have a right to see your records. Please direct any requests to do so in writing to the Wellbeing Co-ordinator.If you have been with the Student Wellbeing service previously we will upload your notes to a new electronic database for reference, if you object please discuss with your clinician. **Email:**Any email correspondence is sent and held on the Bournemouth University email server. Emails containing identifiable information about yourself may be sent in the following situations:* In providing support by email, in replying to emails received from yourself directly or in contacting you to discuss your support or offer an appointment.
* If you have consented to us sharing information with another service regarding your support.
* In making referrals with your agreement to other Bournemouth University or external services.
* If we deem it necessary in order to ensure your safety or the safety of another.

**Missed appointments and short notice cancellations:**Please arrive on time and provide as much notice as possible if you need to cancel an appointment. Missed appointments and cancellations may lead to us needing to postpone or end your support. **Questionnaires:**We use various questionnaires to help assess your emotional needs and to establish the most appropriate service to fit your needs. In addition, the questionnaires enable us to monitor your progress and scores are collated to enable us to evaluate the effectiveness of our services. We would be grateful if you could arrive ten minutes early to your first appointment to complete these.**Information Sharing:**I also consent to the sharing of information with the following services: Student Services **YES/NO** Wider University Staff (*including Course Team*) **YES/NO** We would only share the minimum information necessary with appropriate staff in order to ensure you are offered the most suitable support or where a concern is raised.***I agree to the Consent and Confidentiality Agreement and wish to register with Student Wellbeing.*****Signed:** ………………………………………….. **Print:** …………………………………………. **Date:** …………………..*This service is provided by Dorset HealthCare University NHS Foundation Trust. We will not share any information about you with your GP or any other NHS Trusts without consent except in the circumstances described above. For full terms please see privacy notice.*[*https://www.dorsethealthcare.nhs.uk/about-us/your-information/privacy-notice*](https://www.dorsethealthcare.nhs.uk/about-us/your-information/privacy-notice) |