

## Counselling – Self Referral

Please complete this form and send it as an attachment to [counsellors@ccb.ac.uk](mailto:counsellors@ccb.ac.uk) or leave it with Counselling reception room PT2.22.

This service is confidential. What this entails will be discussed with you in your first session.

Name:

Person Code:

Date of Birth:

Age:

Address:

Telephone Number:

Email address:

How would you prefer to be contacted? *(please tick)*

- Mobile
- Telephone
- Email
- Letter

Course:

Level:

Year:

Campus:

Tutor:

Referred by (please tick):  self  tutor  Personal Adviser  other

How did you hear about the Counselling Service?

Please specify your availability for regular counselling appointments:

Mon am		Mon pm	
Tue am		Tue pm	
Wed am		Wed pm	
Thu am		Thu pm	
Fri am		Fri pm	

Student's signature:

Date:

For office use only:

**ISP**

Yes / No

**ASSESS:**

Maria / Anna

Date:

Time: