



## Mont Rose College Student Welfare Service Student Pre-Counselling Form

### PART A

The confidential information you provide below will help us to understand your needs and arrange an appointment for you. You do not need to give long answers and it is OK to put “I would prefer to talk about this in person.”

1. What are your main reasons for approaching the student welfare service?

2. How long have you been experiencing these difficulties?

3. How have you been coping until now?

4. What are you hoping to gain from meeting with a welfare officer?

On a scale of 1 – 10 (with 10 being the most serious), how seriously is this affecting:

5. Your life generally

6. Your studies

**7a. Do you ever experience difficulties with any of the following?**

Self-harm	Y	N
Thoughts of ending your life	Y	N
Eating	Y	N
Alcohol and drug use	Y	N
Fears of being harmed by others	Y	N
Thoughts of harming others	Y	N

**7b. If you have answered yes to any of the questions above, can you please expand below:**

**8. Is there anything else that would be helpful to know?**

**Please continue to Part B**

## PART B

The information in Part B is requested for record-keeping and statistical purposes; it will not be used outside the Service in any way that identifies individuals. If you are completing this form electronically, you can type into the grey areas, which will expand to fit your answers. The 'TAB' key will automatically take you from one question to the next. All the information you provide is covered under the terms of the Data Protection Act 1998.

### Personal Details

Your full name:	
Date of birth (day/month/year)	
Your telephone number:	
Is it OK to leave a message on your answerphone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it OK to or send a text message to your phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your @mrcollege.ac.uk email: (This is the email address we will use to contact you)	

### Academic Details

Department or Faculty:	
Subject:	
Course Level: <input type="checkbox"/> Foundation <input type="checkbox"/> HND <input type="checkbox"/> DET <input type="checkbox"/> Top-up <input type="checkbox"/> MBA	
Current year of study on this course: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
Are you registered as: A UK student <input type="checkbox"/> An international student (not EU) <input type="checkbox"/> A European student (not UK) <input type="checkbox"/>	
Do you expect to graduate this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you studying:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

### Relevant medical information

Current GP:		
Current Medication, if any:		
Other forms of help you have used previously or currently:		
	Previously	Currently
GP (for related issues)	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor / Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Other kind of specialist help	<input type="checkbox"/>	<input type="checkbox"/>



The equality Challenge Unit (ECU) encourages institutions to collect equality monitoring data to help develop a deeper understanding of students and any potential barriers they face: <http://www.ecu.ac.uk/guidance-resources/using-data-and-evidence/collecting-data/>

**Disability**

Are you disabled?  Yes  No

**If yes, please select:**

- Two or more impairments and/or disabling medical conditions
- A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition, such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- Deaf or a serious hearing impairment
- Blind or a serious visual impairment uncorrected by glasses
- A disability, impairment or medical condition that is not listed above

**Ethnicity.**

Which of the following options best describes how you think of yourself:

**Asian / Asian British**

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background, *please describe*.....

**Black / African / Black British / Caribbean**

- African
- Caribbean
- Any other Black / African / Caribbean background, *please describe*.....

**Multiple ethnic groups**

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other Mixed / Multiple ethnic background, *please describe*.....

**White**

- British / English / Northern Irish / Scottish / Welsh
- Irish
- Traveller
- Any other White background, *please describe*.....

**Other ethnic group**

- Arab
- Any other ethnic group, *please describe*.....

**Nationality:**

**Gender:**

Which of the following options best describes how you think of yourself:

- Man (including trans man)
- Non-binary
- Woman (including trans woman)

- In another way. Please describe.....
- Prefer not to answer

Is your gender identity the same as the gender you were assigned at birth? (Optional)

- Yes    No    In another way. Please describe.....
- Prefer not to answer

**Sexual orientation.** (optional)

Which of the following options best describes how you think of yourself:

- Bisexual
- Gay man
- Gay woman / Lesbian
- Heterosexual /Straight
- In another way. Please describe... ..
- Prefer not to answer

Please hand in this form to the student services' reception

If you have completed the form electronically, first save it and then email it as an attachment to: [studentwelfare@mrcollege.ac.uk](mailto:studentwelfare@mrcollege.ac.uk) but PLEASE NOTE that we cannot guarantee that messages sent by email are confidential.

Please sign to indicate that you have read the 'Information for anyone thinking about counselling' (available at: [www.mrcollege.ac.uk/welfare](http://www.mrcollege.ac.uk/welfare) )

**Signed**  
**(or type name)**

Date

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