MONT ROSE COLLEGE® OF MANAGEMENT & SCIENCES

Office Use only: ☐
Date Received: _____ ☐ ☐
D & D:
Triage: Counselling: MHA:

Student Welfare Service's Referral Form

Thank you for your referral to Student Welfare Services.

The application form asks you for some information about yourself and will help us to process your referral so we can offer you the correct service.

If you have any difficulties filling in this form, please contact us for support. To return it:

- Either complete and send as email attachment to studentwelfare@mrcollege.ac.uk
- Or, hand in to the Student Services reception.

We will do our best to contact you within 24 hours on a working day to notify you of receipt and approximate wait time.

Your personal details

First names _____ Surname _____

Your Date of birth: _____ Your age: _____

Your gender: Male ☐ Female ☐ Other ☐

Your contact details

Home ☎ _____ Mobile ☎ _____

Email address: _____

Name and address of your GP: _____

Please tick when you **ARE** available to attend - the more times you give us, the more likely we will be able to match you to an available appointment:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					

Background Information

Over the last 2 weeks, how often have you been bothered by any of the following problems? (please circle all that apply)

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself – or feeling you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9.	Feeling you want to hurt yourself in some way – or have hurt yourself recently	0	1	2	3
10.	Thinking about or feeling that you would like to end your life	0	1	2	3
11.	Feeling nervous, anxious, or on edge	0	1	2	3
12.	Not being able to stop or control worrying	0	1	2	3
13.	Worrying too much about different things	0	1	2	3
14.	Trouble relaxing	0	1	2	3
15.	Being so restless that it is hard to sit still	0	1	2	3
16.	Becoming easily irritable or annoyed	0	1	2	3
17.	Feeling afraid as if something awful might happen	0	1	2	3
18.	Feeling alone and isolated	0	1	2	3
19.	Being disturbed by unwanted thoughts and feelings	0	1	2	3
20.	Thinking about leaving my course	0	1	2	3
21.	Feeling I have someone to turn for support when needed	0	1	2	3
22.	Feeling I have been able to do the things I need to	0	1	2	3

Have you ever been given a formal diagnosis? Yes ☐ No ☐

If yes, please give details: _____

Are you taking any prescribed medication? Yes ☐ No ☐

If yes please give details (medication type and dosage): _____

Have you had any previous counselling elsewhere? Yes ☐ No ☐

Are you **currently** seeing any other 'helping professional'? Yes ☐ No ☐
(If yes, please tick (✓) any that apply.)

Psychologist		Nurse		Psychiatrist	
Consultant/Medical Specialist		Community Psychiatric Nurse / OT / Social Worker		Community Mental Health Team	
Dietician		Counsellor - elsewhere		Other *(please specify below)*	

Other _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Choose a number from the scale below to show how much you would avoid each situations or objects listed below. Then write the number in the box opposite the situation.

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always Avoid it

1. Social situations due to a fear of being embarrassed or making a fool of myself. ☐
2. Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness). ☐
3. Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confirmed spaces, driving or flying). ☐

If you would like to provide extra information about how you are feeling, please write here:

Declaration

I confirm that I would like to refer myself into the Student Welfare Services.

Signature_____**Date**_____

For office use only:

Received by: ……..…

Date ……/……../20…….

Student Welfare Service
Disclosure / Confidentiality Agreement Form

1. The purpose of this form is to:

a. Ensure that members of staff who need to know about a student's Welfare, in order to offer appropriate support, are given the relevant information.

b. Provide written confirmation from a student about the level of confidentiality he/she wishes to be assigned to the disclosure of their personal circumstances, health and academic, in accordance with the Data Protection Act 1998.

I agree that information relating to my personal circumstances can be made available to relevant Mont Rose College staff or other related professionals who need to know only for the purpose of making appropriate provision for my support.

I understand that if the Student Welfare Services believes I am a danger to myself or others liaison with my GP and/or other relevant parties may become necessary without my consent.

Please tick the boxes below for which you wish to include in sharing information:

Internal:		**External**	
Parent/Guardian	☐	Student Finance	☐
Academic departments	☐	DSA Needs Assessor	☐
Welfare Service:		Dyslexia Diagnostic Assessor	☐
Counselling	☐	Placements	☐
Mental Health Advice	☐	Medical Professionals	☐
Disability & Dyslexia	☐	Social Services	☐
Registry (e.g. exam arrangements)	☐	Care Agencies	☐
Library	☐	Health & Safety	☐
Security	☐		

Student Name (printed):_____**Date of birth:**_____

Student Signature:_____**Date:**_____