**Chichester College Counselling Referral Form**

Your full name: Preferred name: Gender/Pronoun:

Student number: Date of birth: Age:

Your student email address:

*(please note that all communication between the counselling team and student must be through the college email address)*

Mobile Telephone number:

Can we leave a voicemail message on this number? Yes / No

Please state the days and times you are available for counselling. (each session =50 minutes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 9:00-10:00 |  |  |  |  |  |
| 10:00-11:00 |  |  |  |  |  |
| 11:00-12:00 |  |  |  |  |  |
| 12:00:13:00 |  |  |  |  |  |
| 13:00-14:00 |  |  |  |  |  |
| 14:00-15:00 |  |  |  |  |  |
| 15:00-16:00 |  |  |  |  |  |
| 16:00-17:00 |  |  |  |  |  |

**(please note that wider the availability will enhance the chance to be seem more quickly)**

|  |
| --- |
| What is the reason you wish to come for counselling? What are your aims? |

Signature: Date:

Please email this form to [counselling@chichester.ac.uk](mailto:counselling@chichester.ac.uk)

A member of the counselling team will respond to your referral by email and offer an initial appointment when a space becomes available.

**Please return this form as soon as possible.** Once this form is returned, you will be registered on the waiting list, and as soon as a space becomes available a counsellor will get in touch with you offering an appointment. If you do not attend or reply ASAP (within 2 days) we will offer the space to another client. however your name will remain on the waiting list.

Thank you

Chichester College Counselling Services