**Chichester College Counselling Referral Form**

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| --- | --- | --- | --- | --- | --- |
| 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 the 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 is 50 minutes) | | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 09.00-10.00 |  |  |  |  |  |
| 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 wider availability will enhance the chance to be seen more quickly)**

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| What is the reason you wish to come to 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 confirm your attendance within 3 days, we will offer the space to another student; however, your name will remain on the waiting list.  Thank you  ***Chichester College Counselling Services*** |