

Please return this form to:

MindOut Counselling Service

Community Base

113 Queens Road

Brighton

BN1 3XG

Or email it to: george.tidey@mindout.org.uk

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| MindOut LGBTQ Mental Health Project Relationship Counselling Application Form |

Please ensure that each person applying for relationship counselling completes an application form. Relationship counselling requires committing to attending all sessions together. It is worth talking about this together before you apply.

Client code: ----/------ (for office use only)

Your Name: --------------------------------------------------

Preferred pro noun: --------------------------------------------------

Your partners name and pro noun:------------------------------------------

Your Address: -------------------------------------------------------------------------------------------

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-------------------------------------------Postcode: ------------------------------Age: ----------------

Email address--------------------------------------------------------

Contact Number ----------------------------------------------------

What is the best way of contacting you?-------------------------------------------------------

Is it Ok to leave a message on your phone?Yes No

Do you have any cultural and/or spiritual requirements you would like us to know about?

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We appreciate that this form may take some time to complete. However, considering and answering the following questions will help both you and your counsellor to start thinking about whether relationship counselling at MindOut is the best option for you and your partner at this time.

This is a confidential service and all applications for counselling are only viewed by those involved in processing applications. Your personal details are only shared with the service coordinator and the counsellor involved.

The next stage in your request for counselling is that you and your partner will be invited for an initial assessment to explore further with a counsellor how counselling may be of help to you both. There will also be an opportunity to discuss the cost of your sessions which will be based on you and your partner’s gross annual income.

What brings you to relationship counselling and why now?

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How long have you been having these difficulties in your relationship?

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How do you and your partner deal with conflict and anger in your relationship?

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Has there ever been or is there currently physical violence between you and your partner?

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What do you hope to gain from relationship counselling for yourself and your relationship?

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Do you currently receive any professional help/support from any other mental health professional, for example another counsellor/therapist, psychologist, psychiatrist, CPN, etc? Please give details.

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Are you currently receiving any treatment or medication for any physical or mental health conditions? Please give details.

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If we have serious concerns about your or someone else’s wellbeing or you have a medical emergency we may need to contact your G.P

GPs details:

Name: ------------------------------------------------------------------------------------------------------

Address:-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telephone:-----------------------------------------------------------------------------------------------

Who would you like us to contact in an emergency (This needs to be someone other than your partner who will be joining you in counselling)

Name:------------------------------------------------------------------------------------------------------

Relationship:----------------------------------------------------------------------------------------------

Emergency contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had individual or relationship counselling before? (Please circle)

Yes No

If yes, how would you describe that experience?

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Who are the most significant/supportive people in your life?

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Counselling sessions are offered at a regular time and day once per week. Are you and your partner able to commit to this for a period of 6-12 weeks? (Please explain if this is difficult, for example if you work shifts.)

The relationship counselling service operates a sliding scale fee dependent on you and your partner’s gross annual income. Please let us know your gross annual income here so that we can let you know how much you will need to pay for your counselling sessions:

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All of our counsellors are volunteers and most work at specific times. If your availability is restricted there may be a delay in allocating you a counsellor whose availability matches yours.

Please tell us the days and times that you and your partner are available to see a counsellor.

Monday Morning Afternoon Evening

Tuesday Morning Afternoon Evening

Wednesday Morning Afternoon Evening

Thursday Morning Afternoon Evening

Friday Morning Afternoon Evening

Saturday Morning Afternoon

MindOut counsellors all identify as Lesbian, Gay, Bisexual, Transgender and/or Queer and are either fully qualified or working towards a recognised counselling qualification.

If you and your partner have any specific requirement that needs to be considered when allocating you a counsellor please write this below, otherwise leave this space blank.

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Please tell us below if you need wheelchair access.

Please let us know if you have any communication or information needs, for example requiring a translator, information in braille or large print, sign language interpreter etc.

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How did you find out about the MindOut relationship counselling service?

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|  | **Equality and Diversity****Monitoring Form** |

*MindOut needs the information you give to provide data on who benefits from our services. If there are any questions that you do not want to answer, please do leave them blank. The information you give is confidential.*

**How would you describe your gender?**

[ ]  Female [ ]  Male [ ]  Gender Queer [ ]  Queer [ ]  Unsure [ ]  Other……………...

**Do you now, or have you ever considered yourself transgender?**

[ ]  Yes [ ]  No

**How would you describe your sexual orientation?**

[ ]  Bisexual [ ]  Gay [ ]  Lesbian [ ]  Heterosexual/straight [ ]  Queer [ ]  Unsure [ ]  Other…………..

**If you have a postcode please write it here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe your ethnic origin?**

Asian or Asian British Black or Black British White

[ ]  Bangladeshi [ ]  African [ ]  British/English/Scottish/ Northern Irish/Welsh

[ ]  Chinese [ ]  Caribbean [ ]  Irish

[ ]  Indian [ ]  Sudanese [ ]  European

[ ]  Thai [ ]  Other…………………. [ ]  Gypsy

[ ]  Pakistani [ ]  Traveller

[ ]  Other…………………. [ ]  Any other white background………………….

Other Ethnic Group Mixed

[ ]  Turkish [ ]  Asian & White

[ ]  Arab [ ]  Asian & Black African

[ ]  Japanese [ ]  Asian & Black Caribbean

[ ]  Jewish [ ]  Black Caribbean & White

[ ]  Any other ethnic group [ ]  Black African and White

 [ ]  Other mixed background…………….

**If you have a religious or other belief how would you describe it?**

[ ]  Agnostic [ ]  Christian [ ]  Jewish [ ]  Sikh

[ ]  Atheist [ ]  Hindu [ ]  Muslim [ ]  Other

[ ]  Buddhist [ ]  Jain [ ]  Pagan [ ]  Other belief……………………

**What is your date of birth?** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_

**Do you have any communication or information needs, for example related to disability or sensory loss?** [ ]  Yes [ ]  No

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

[ ]  Yes a little [ ]  Yes a lot [ ]  No (do not answer the next question)

**If you answered yes, please state the type of impairment. If you have more than one, please indicate all that apply. If none apply, please mark ‘other’ and write an answer in. *(examples are given as guidance)***

[ ]  Developmental Condition [ ]  Mental Health Condition [ ]  Physical Impairment

[ ]  Learning Disability/Difficulty [ ]  Long-standing Illness [ ]  Other (please state)

**Are you a carer? If yes, do you care for a….?**

[ ]  Yes [ ]  Child with special needs [ ]  Parent

[ ]  No [ ]  Partner/ spouse [ ]  Other Family Member

 [ ]  Friend [ ]  Other (please give details)