

Please return this form to:

MindOut Counselling Service

Community Base

113 Queens Road

Brighton

BN1 3XG

Or email it to: [counselling@mindout.org.uk](mailto:counselling@mindout.org.uk)

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| MindOut LGBTQ Mental Health Project  Online/Telephone Counselling Service Application Form |

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

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

Preferred 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 counselling with MindOut is the best option for you 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 will be invited for an initial assessment session to explore further with a counsellor how counselling may be of help to you. There will also be an opportunity to discuss the cost of your sessions which will be based on your gross annual income.

Please consider the following before applying for

Why are you currently seeking counselling?

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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?

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

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

Have you ever had 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 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 counselling service operates a sliding scale fee dependent on your 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 assessment and 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 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 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 counselling service?

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| --- | --- |
| S:\NEW MINDOUT LOGOS\JPEG format\NEW MindOut new logo.jpg | **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)