

Wellbeing Registration – Your Details

* Questions with a red asterisk are mandatory.

Student ID * (8 digits).....

Title

Forename*

Surname/Family Name*

Gender * (please circle) Male / Female / Transgender / Other

Date of Birth*

Home Address *

.....

Home Postcode*

Term Address *

.....

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Term Postcode*

Mobile

Email Address*

Course Title*:

Faculty*: ACE / HAS / FET / FBL

Level of Study*: Foundation / Diploma / Degree / Postgraduate / Not applicable

Year of Study*: 1 / 2 / 3 / 4 / 5 / 6 / 7 or over

Status*: UK / International / EU

Section 1 – About You

- 1. Please provide the name of your GP practice and name of your GP. If you have not registered with a GP, we recommend you do so as soon as possible. Please find your closest GP surgery and register. ***

- 2. As part of providing our service, we sometimes send text messages to students e.g. for appointment reminders. ***

- ☐ Yes I am happy to receive text messages
- ☐ No I am not happy to receive text messages

Section 2 – Your needs

The Wellbeing Service offers different types of support: counselling, mental health support and specialist mentoring. Answering the following questions may help us match which type of support may be right for you.

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

		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

		Not at all	Several days	More than half the days	Nearly every day
6	Feeling bad about yourself — or that 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 television	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 nervous, anxious or on edge	0	1	2	3
10	Not being able to stop or control worrying	0	1	2	3
11	Worrying too much about different things	0	1	2	3
12	Trouble relaxing	0	1	2	3
13	Being so restless that it is hard to sit still	0	1	2	3
14	Becoming easily annoyed or irritable	0	1	2	3
15	Feeling afraid as if something awful might happen	0	1	2	3

4. If any of the above have been difficult for you please indicate how much they have impacted on your day-to-day life. *

Not at all	Very little	Somewhat	Quite a bit	A great deal
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5. To what extent are you considering leaving University because of your difficulties? *

Not at all	Very little	Somewhat	Quite a bit	A great deal
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6. To what extent would you say your difficulties are affecting your study (e.g. attendance, assessment)? *

Not at all	Very little	Somewhat	Quite a bit	A great deal
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7. To what extent would you say your difficulties are affecting your overall experience at University (e.g. managing daily life, socialising)? *

Not at all	Very little	Somewhat	Quite a bit	A great deal
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Section 3 – Your Wellbeing Service appointment

8. What would you like to talk to a Wellbeing Practitioner about (please select all that apply to you) *

- ☐ **Abuse**
- ☐ **Academic concerns** (You may also wish to contact the UWE Student Support Advisers <http://www1.uwe.ac.uk/students/academicadvice/studentsupportadvisers.aspx>)
- ☐ **Addictive behaviours**
- ☐ **Anxiety**
- ☐ **Coping strategies**
- ☐ **Eating**
- ☐ **Housing problems** (You may also wish to contact the Student Union <https://www.thestudentsunion.co.uk/advice-centre/accommodation/> or UWE Accommodation Services <http://www1.uwe.ac.uk/students/accommodation.aspx>)
- ☐ **Loss/Bereavement**
- ☐ **Low mood**
- ☐ **Low self-esteem**
- ☐ **Mental health condition** (tick all that apply)
 - ☐ I have a diagnosed mental health condition.
 - ☐ I can provide Medical Evidence for the above. (You may be eligible for Specialist Mentoring Support, please see <http://www1.uwe.ac.uk/students/healthandwellbeing/wellbeingservice/mentoring.aspx>)

- ☐ I have recently needed crisis NHS support for my mental health.
- ☐ NHS staff have advised that I make contact with Wellbeing support.
- ☐ I would like practical support with how my mental health impacts on my ability to study.
- ☐ **Money worries** (You may also wish to contact the UWE Money Advice & Finance Service <http://www1.uwe.ac.uk/students/feesandfunding.aspx>)
- ☐ **Physical health** (The Wellbeing Service is here for your emotional and mental health needs. If you need to register with a local GP Surgery, there is one located on Frenchay campus. <http://www1.uwe.ac.uk/students/healthandwellbeing/universityhealthcentre.aspx>)
- ☐ **Recent trauma**
- ☐ **Relationship issues**
- ☐ **Stress**
- ☐ **Self and identity**
- ☐ **Self-harm**
- ☐ **Sexual issues**
- ☐ **Sleep**
- ☐ **Specific emotional issues**
- ☐ **Transitions**
- ☐ **Other/not sure**

9. Please indicate which type of support might suit you best (tick all that apply):

- ☐ Face to face
- ☐ Telephone
- ☐ Email (counselling only)

10. Please rank your campus preference in order (1-7):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Frenchay | <input type="checkbox"/> Gloucester |
| <input type="checkbox"/> Glenside | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Bower Ashton | <input type="checkbox"/> Email counselling |
| <input type="checkbox"/> Arncliffe | |

11. Do you have a strong preference regarding whether you would like to see a female or male practitioner?

- ☐ No strong preference
- ☐ Male practitioner
- ☐ Female practitioner

12. We have some placement counsellors in the team who have completed at least one year of clinical practice. They often have more availability for appointments. Please let us know if you are happy to see a placement counsellor?

- ☐ Yes I am happy to see a placement counsellor
- ☐ No I am not happy to see a placement counsellor

13. Please write in the box below, if there are any set days or times in a typical week when you are unavailable for appointments. The more flexible you can be the faster we will be able to offer an appointment to you.

I am unavailable:

14. Please let us know if you have any special access requirements:

Feedback

We value your feedback. Please tell us if there is anything you feel has been particularly helpful or that you think we could do better.