**Women’s Counselling and Psychotherapy Service**

**Self-Referral Application Form**

*(For office use only)*

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| *Case No:*   |

Date:

At Brighton Women’s Centre (BWC) we regard inquiries and counselling discussions as private and confidential. We will only collect and use information in ways that are useful to you and in a manner consistent with your rights and our obligations under the law. The way we collect, process, store and safeguard information is in line with the General Data Protection and Regulation Act 2018 (GDPR).

We understand that your privacy is important and that you care about how your information is used and how it is stored. No information of any kind is given to anyone outside of the Centre, although in rare circumstances we reserve the right to widen confidentiality if there appears to be a serious risk of harm.

New client [ ]  Previous or current BWC client [ ]

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| **Section 1 – Applicant Contact Details** |
| Name:  |  |
| Address:  |  |
| Postcode: |  |
| Date of Birth:  |  |
| Email Address: |  |
| Contact Number: |  |

What is the best way of contacting you?

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

Interest in Talking or Creative Therapy, please tick below:-

Talking Therapy [ ]  Movement Psychotherapy [ ]

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| Relationship with BWC |
| How did you hear about BWC? |  |
| Have you used any other services at BWC? If yes, which ones: |  |

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| **Section 2 – Availability for Appointment** |

Please note counselling and psychotherapy appointments are held on the hour at each hour. The more availability you are able to give the easier it will be to refer you to a therapist.

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

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Please tick when you are available:-

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| --- | --- | --- |
| **Day** | Morning: 9:00 – 12:00 | Afternoon:12:00-17:00 |
| **Monday** |  |  |
| **Tuesday** | \* |  |
| **Wednesday** |  |  |
| **Thursday** | \* | \* |
| **Friday** |  |  |

**\* We are not able to offer therapy during these times.**

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| **Section 3 – Medical** |
| **Are you currently receiving professional help from any other services?****(e.g. Psychiatrist, Community Mental Health Practitioner, Social Worker, etc.)**Yes [ ]  No [ ]  Details**:**  |

|  |  |
| --- | --- |
| **GP name:** |  |
| **GP address:** |  |
| **GP telephone number:** |  |
| **Are you on any medication?** Yes [ ]  No [ ] **Details of medication:**  |

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| **Section 4 – Employment and income** |
| **What is your current work situation?**In paid work: Full time [ ]  Part time [ ]  Self-employed [ ] Not in paid work [ ]  In receipt of state pension [ ]  Student [ ]  |

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| **The therapy service operates a sliding scale fee dependent on your gross annual income. Please let us know your gross annual income here so we can determine how much you will need to pay for your therapy sessions.**Under £9,000 ☐ £9,000 - £13,000 ☐£13,000 - £16,000 ☐ £16,000 - £19,000 ☐£19,000 - £23,000 ☐ £23,000-£28,000 ☐£28,000 - £31,000 ☐ £31,000-£35,000 ☐£35,00 - onwards ☐ |

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| **Section 5 – Current Difficulty** |
| **What has led to you BWC for therapy at this time?**Anger / aggression [ ]  Childhood sexual abuse [ ]  Coping with change [ ] Cultural Issues [ ]  Depression [ ]  Domestic Violence [ ] Drug / alcohol misuse [ ]  Eating disorder [ ]  Family problems [ ] FGM/cutting of genitals [ ]  Financial problems [ ]  Loneliness / isolation [ ] Loss through death [ ]  Low Self-esteem [ ]  Neurodivergence/Autism/ADHD etc [ ]  Panic attacks [ ]  Physical health problems [ ]  Psychotic episodes [ ]  Rape [ ] Relationship problems [ ]  Self Harm [ ]  Separated from children [ ] Sexual abuse [ ]  Sexuality issues [ ]  Stress / Anxiety [ ] Suicidal attempts (in past) [ ]  Suicidal attempts (recent) [ ] Suicidal thoughts (past) [ ]  Suicidal thoughts (recent) [ ] Violence/abuse from your children [ ] Other [ ]  Details: |

**How long have you been experiencing the difficulties or concerns mentioned in the above question?**

A few days [ ]  A few weeks [ ]  A few months [ ]  A few years [ ]

**Have you accessed a foodbank, crisis loan or hardship fund recently?**

**Yes / No**

**Our counselling rooms are on the 3rd floor of our building. Please inform us of any physical access requirements as other arrangements may be possible.**

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Please return this form to:

Rhian Gower

Therapeutic Services Manager

Brighton Women’s Centre

22 Richmond Place

Brighton

BN2 9NA

Or email Rhian on: therapy@womenscentre.org.uk.