



**Beaconhouse National University**

**Center for Counseling and Psychological Well-Being**

**Pre-Counseling Form for Faculty and Staff**

This information is required primarily for the understanding of your needs, so that a suitable time is arranged for you to meet the counselor. Remember the information you give will be treated as

**CONFIDENTIAL**

**Form No:**

Name: .....

Male  Female

Permanent Faculty

Visiting Faculty

Staff

Father's Name: .....

Mobile No.: .....

Office No.: .....

Contact No. (In case of Emergency): .....

E-mail: .....

Present Postal Address: .....

.....

City .....

Department ..... Designation .....

Date of Birth: ..... Religion: .....

What prompted you to seek counseling?

Self - referral  Friend  Family  Other (Specify)

**Briefly describe your reasons for approaching the Counseling Center**

**Is there anything else you think the Counselor should know?**

**Please mention suitable timing for appointment.**

**Confidentiality**

All interactions with BNU’s Center for Counseling and Psychological Well-being, including scheduling of or attendance at the appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. One exception to confidentiality is the instance when the counselor thinks that the client might harm himself or someone else.

Signature ..... Date .....

**For Counseling Center Use only:**

Date Form Received: .....