

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**.

Name: _____ Department: _____ Employee ID: _____

Designation: _____ Office (location/building) #: _____ Ext: _____

Current Address: _____

Mobile # _____

Email: _____

What is the best way of contacting you? Tick your priority Phone _____ Email _____

Are you? Staff: _____ Faculty Intermediate: _____ Faculty University: _____

Who suggested you to approach a Counselor?

No one (self referral) Friend Colleague Family Other (specify) _____

In case of emergency please provide us with information of your family members we could contact:

Name: _____ Relation: _____ Contact #: _____

Please *specify* or *tick* your **availability** below for the counseling session(s):

TIME	9.00-10.00	10.00-11.00	11.00-12.00	12.00-1.00	1.00-2.00	2.00-3.00	3.00-4.00	4.00-5.00
MONDAY								
WEDNESDAY								
FRIDAY								

TIME	9.00-9.30	9.30-10.45	11.00-12.15	12.30-1.45	2.00-3.15	3.15-5.00
TUESDAY						
THURSDAY						

Briefly describe your reasons for approaching the CCC.

Signature: _____

Date: _____

For CCC use only:

Date Form Received:

Appointment arrangements made:

Any additional information: