**Application Process**

To access professional counselling funded by the DoC’s Wellbeing for Clergy and Families service, it would be helpful if you would answer the questions on this form.

Based on the information you provide, Laura Steven (Head of WCF) will assess your requirements with the aim of matching you with a counsellor as soon as possible, for up to 12 sessions. The WCF service commissions independent therapists, all of whom are monitored and supported by the service, hold professional liability insurance, are accredited members of a professional body related to their therapeutic modality, abide by the ethical principles as required by their membership and have monthly clinical supervision. Ask your counsellor directly if you would like to know more.

**Consent and confidentiality**

To protect your confidentiality, your information is held on a fully encrypted, digital database which complies with the WCF GDPR and Privacy Policy. These brief notes are only accessible by your individual therapist and the Head of WCF.

By completing this self-referral form, you are both consenting that information can be shared about you both a) with a WCF therapist who may discuss content with their clinical supervisor whilst keeping your identity anonymous b) with third parties if risk of harm to yourself(ves) or others is identified (e.g., a GP, emergency services, DoC safe-guarding team) c) other service providers with your prior agreement (e.g., a doctor).

**Please indicate how you qualify for support, e.g., are one of you DoC clergy?**

**Applicant 1 Details**

Full name:

Email address:

Mobile:

Landline:

Home address:

GP Name and Surgery:

Date of birth:

Date of application:

**Applicant 1 Motivation**

What is the reason for you making this referral? What are you hoping might be gained from counselling?

**Applicant 1 Mental Health**

How would you describe your mental health?

Are you currently at risk of harming yourself?

Are you diagnosed with any mental health conditions or psychiatric illness? Are you taking any medication for any mental health conditions or psychiatric illness?

Have you [ever] had any form of counselling, psychological or psychiatric care?

**Applicant 1 Optional Questions, General Health and Lifestyle**

How would you describe your physical health? Do you have any medical conditions that might be relevant?

Do you have any access/other requirements you would like your counsellor to be aware of?

Do you live alone?... with partner/family?...

Do you consider yourself to have any issues with food, alcohol, or other substances?

Is there any other information that you would like to share?

**Applicant 2 Details**

Full name:

Email address:

Mobile:

Landline:

Home address:

GP Name and Surgery:

Date of birth:

Date of application:

**Applicant 2 Motivation**

What is the reason for you making this referral? What are you hoping might be gained from counselling?

**Applicant 2 Mental Health**

How would you describe your mental health?

Are you currently at risk of harming yourself?

Are you diagnosed with any mental health conditions or psychiatric illness? Are you taking any medication for any mental health conditions or psychiatric illness?

Have you [ever] had any form of counselling, psychological or psychiatric care?

**Applicant 2 Optional Questions, General Health and Lifestyle**

How would you describe your physical health? Do you have any medical conditions that might be relevant?

Do you have any access/other requirements you would like your counsellor to be aware of?

Do you live alone?... with partner/family?...

Do you consider yourself to have any issues with food, alcohol, or other substances?

Is there any other information that you would like to share?

**Joint Availability**

The WCF counsellors are now highly experienced in online counselling; this continues to be an option that may enable you to access counselling more quickly if there isn’t a counsellor immediately available locally. You must ensure your own privacy and I.T. resources for online counselling.

Do you have a preference for online or in-person counselling?

What areas/towns are you willing to travel to, to see a counsellor in-person?

Is it very important to either of you to see a counsellor of a particular gender?

What is your joint availability for appointments?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Eve |  |  |  |  |  |

**GDPR,** do you BOTH consent to this information being held on a fully encrypted, digital database that is only accessible by your individual therapist and the Head of WCF? ***Yes or No?***

Please state clearly if you agree to being contacted by: mobile landline email post

Thank-you for sharing this helpful information, please email the form to Laura Steven at [wellbeingforclergy@chichester.anglican.org](mailto:wellbeingforclergy@chichester.anglican.org)

*Please do not post/deliver forms to Church House.*

The speed with which you can start counselling will depend on your requirements, your availability/location, and the availability/location of a counsellor. Following your initial appointment, upon mutual agreement with the counsellor you can continue accessing up to 12 sessions (maximum) funded by the WCF service.