

# Student Health and Wellbeing



Name (as per student ID)

Student number

Phone number

Date of birth

Age

Program and year

For what issues are you seeking support? (please tick what applies to your situation)

- |                            |                          |                     |                          |                                |                          |
|----------------------------|--------------------------|---------------------|--------------------------|--------------------------------|--------------------------|
| Adjusting to university    | <input type="checkbox"/> | Stress              | <input type="checkbox"/> | Traumatic Event                | <input type="checkbox"/> |
| Study-related issues       | <input type="checkbox"/> | Anxiety             | <input type="checkbox"/> | Legal / Financial /            | <input type="checkbox"/> |
| Faculty related concern    | <input type="checkbox"/> | Depression          | <input type="checkbox"/> | Accommodation issues           |                          |
| Discrimination /harassment | <input type="checkbox"/> | Substance issues    | <input type="checkbox"/> | Physical /Mental Health issues |                          |
| Gender or sexuality issues | <input type="checkbox"/> | Relationship issues | <input type="checkbox"/> |                                |                          |

To what extent is your study being affected by your concerns? (please tick what applies to your situation)

- Not at all    Mildly affected    Moderately affected    Severely affected    Totally unable to study

How did you find out about our service? (please tick what applies to your situation)

- |                         |                          |                               |                          |                    |                          |
|-------------------------|--------------------------|-------------------------------|--------------------------|--------------------|--------------------------|
| Faculty staff           | <input type="checkbox"/> | Bond website                  | <input type="checkbox"/> | Central Bond Staff | <input type="checkbox"/> |
| Student Association     | <input type="checkbox"/> | Class presentation / workshop | <input type="checkbox"/> | Other              | <input type="checkbox"/> |
| On campus accommodation | <input type="checkbox"/> | Friend / family member        | <input type="checkbox"/> |                    |                          |
| Health Professional     | <input type="checkbox"/> | Other student                 | <input type="checkbox"/> |                    |                          |

I understand that my confidential information will only be disclosed if: 1) there is a legal obligation to do so 2) there is an immediate and specified risk of harm to an identifiable person that can be averted only by disclosing information 3) I give express permission.

I give permission for my de-identified information to be used in professional supervision, service reporting and planning.

I will notify Felicity of any changes to appointment times.

Signature \_\_\_\_\_

Date \_\_\_\_\_