

Student No.	
First Name	
Family Name	

This agreement is held between

Student: \_\_\_\_\_

and

Counsellor: \_\_\_\_\_  
(on behalf of the Student Counselling Service)

Having registered with the Student Counselling Service I agree to:

1. The Student Counselling Service holding paper and electronic records relating to my work with the service and understand these would ordinarily be kept for 6 years.
2. Give 48 hours' notice, where possible should I wish to cancel any appointments or group sessions offered, and understand that I would usually lose a session if I do not give 48 hours' notice.
3. If I wish to cancel a session I will contact the office by Email: student-counselling@bristol.ac.uk Phone: 0117 954 6655

I have read and understood the 'Understanding the Counselling Agreement' leaflet and am happy to work within this framework.

I give consent for the Student Counselling Service to liaise with my GP/Health Service on a confidential basis, if necessary (please tick):

Yes  No

I give consent for the Student Counselling Service to liaise with other members of the Student Services team, on a confidential basis, if necessary:

Yes  No

I give consent for the Student Counselling Service to liaise with other appropriate professionals within and outside the university on a confidential basis, if necessary:

Yes  No

I understand that if the Student Counselling Service believes I am a danger to myself or others liaison with my GP and/or other relevant parties may become necessary without my consent.

Signed by student \_\_\_\_\_ Date \_\_\_\_\_

Signed by Counsellor \_\_\_\_\_ Date \_\_\_\_\_