

Office Use Record No:

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www.sharepsychotherapy.org

If you have any difficulties with reading, writing or language and would like help completing this form please contact us

Share.
a centre of excellence
in psychotherapy

Therapy Application Form

Your Details

First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____

Postcode: _____

Contact phone number: _____ Can we... Call? Yes No Text? Yes No

Leave voicemail? Yes No

Email: [please print clearly] _____

Emergency Contact Details (we cannot offer you a service without having your emergency contact details)

Name: _____ Phone: _____

Email (optional): _____

About you

Please give us as much information as you can. We will use the information you give us to make an initial assessment of your level of need, prioritise your application and match you with a suitable therapist. If you do not complete all the questions we will return it to you for more information.

Tell us about your relationships:

Your immediate family. For example parents, step-parents, siblings, children, carers or dependents
Are these relationships supportive or unsupportive?

Other important carers and extended family members, For example, grandparents, aunts and uncles, foster carers
Are these relationships supportive or unsupportive?

Any difficulties in your relationships?

How are your current difficulties affecting your current relationships? For example, loss of an important relationship, stress and tension in important relationships, isolation and loneliness.

Tell us about major events in your life:

e.g. bullying, trauma, abuse, parental divorce, bereavement etc.

Childhood (early years to secondary level education)**Adolescence (Teenage years to early adulthood)****Adulthood**

Tell us about your current difficulties:

What are your current emotional difficulties?

For example, are you experiencing anxiety and/or depression, bereavement, sadness and loss, difficult memories and feelings relating to past or recent trauma and abuse, intrusive thoughts about self-harm and suicide.

How are your current difficulties affecting your well-being?

For example, feeling low in mood, anxious, worried, distressed or not coping

What do you think has caused your current difficulties?

Things from the past?

Recent and current things?

Tell us what helps:

What has helped you in the past?

Have you ever accessed any services or treatments to help with your mental health?

Yes, When I was age	0-18	18-25	25-40	40+
No				

If yes please tell us what treatments you had....

Do you have any self-help activities or strategies which help you? For example, yoga, mindfulness

Do you use alcohol or non-prescription drugs to help manage your well-being? Was/is this helpful?

Tell us about your plans and goals for the future:

What are your best achievements so far in life? This could be academic, work related, a leisure activity or personal

What are your current plans and goals?

Please circle the box which best describes how you feel about setting goals:

	Really Positive	Kind of Positive	Kind of Negative	Really Negative
Setting goals	I like setting myself targets and goals and feel proud when I achieve them	I like setting targets and goals but don't often achieve them or feel proud about them	I find it hard to set targets and goals but when I achieve something I am proud	I find it really hard to set targets and goals and often give up on them

Some final questions:

Please circle the box which best describes how you feel about the following things:

	Really Positive	Kind of Positive	Kind of Negative	Really Negative
Physical Health	My physical health is not affected by my current difficulties	My physical health is sometimes affected by my current difficulties	My physical health being affected by my current difficulties	My physical health is being badly affected by my current difficulties
Relationships/Isolation	I have some good relationships with supportive people	I know people but I don't really have anyone to rely on	I know people and see some people regularly but feel isolated	I am very isolated and don't have much interaction with other people
Self-Harm	I am not thinking about or tempted to harm myself	In the past I have thought about or harmed myself but at the moment I am not doing this	I have been thinking about harming myself	I am harming myself, or I have harmed myself in the past and am thinking about doing this again

Any further comments?

Is there anything else that would help us to understand you and your current needs?

About your GP and other Mental Health Services

GP's Name: _____ Practice Name: _____

Practice Address: _____

Postcode: _____

Have you seen your GP about your current difficulties? Yes No

Please list below any tablets or medicines you currently take:

Are you currently in contact with other mental health services? If you are waiting for an appointment or have ongoing appointments with another service please give details below:

Name of Service: _____

Contact Person: _____ Contact Person's job: _____

Phone Number _____ Email Address _____

Have you been to Share for help in the past? Yes No

About coming to Share

At Share Psychotherapy we keep our fees as low as possible. We base your fee on what you earn, please complete the following questions as accurately as you can.

Are you:

Studying at College/University Unemployed Employed Self-employed Retired

Other _____

If employed what is your occupation: _____

How much money do you have to live on per year? This could be earned income, student loan or benefits (or any other money you receive on a weekly/monthly basis)

£0 to 6K

£7 to 12K

£13-20K

£21-27K

£28-35K

£36-40

£41K+

Do you have any special requirements (e.g. mobility or support needs) we need to take into account when you visit us?

Your availability

You will attend an appointment with us every week at the same time. We hold therapy sessions Monday to Friday 9am to 5pm and also on Wednesday evenings. Our appointments last for 50 minutes each time. Please let us know when you would be available for an appointment. Our availability is often limited so the more flexible you are the easier it will be to find you an appointment.

Please tick the times you **CAN** attend each week:

	Morning (9:00 to 12:00)	Afternoon (12:00 to 17:00) <i>Last appointment @ 16:00</i>	Evening (17:00 to 20:00) <i>Last appointment @ 19:00</i>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	

I would be interested in Art therapy

Yes No

I would be interested in Dance and movement therapy

Yes No

I would be interested in Group therapy

Yes No

How did you hear about Share?

Via our Website

Recommended by a friend/relative

Your GP

Been to Share before

Other - please state: _____

Consent

Share requires your consent to contact your GP and/or other health and social care support services you have listed above. We will let them know you are having therapy at Share Psychotherapy but will not share any details of your work here with them unless we feel that there is a risk to your safety or the safety of others.

I give consent for Share Psychotherapy to contact my GP and other relevant services I am currently accessing

Signature: _____

Date: _____

I declare that the information on this form is true and accurate to the best of my knowledge

Signed: _____

Date: _____

**Please return your completed registration form to:
Office Manager, Share Psychotherapy, 73 Wilkinson Street, Sheffield, S10 2GJ.**

GDPR DATA PROTECTION

The personal data in this form is used to set up and maintain our therapy agreement. This data forms part of the contract between you and us and is necessary for us to provide a service to you, Legal Basis for holding the data: Contract. Your personal data will only be seen and processed by staff and therapists at Share Psychotherapy and will not be shared with other people or organisations unless we think it is necessary to keep you safe. We will never use your data for marketing or allow your data to be used for marketing by others. We are required to keep the data we hold about you for six years after you finish therapy with us. After this time your data will be destroyed.

You have the right to access your personal data at any time, as well as to amend or delete the data, or to withdraw your consent for us to hold your data. Please contact our registered data protection officer Anna Cook (office@sharepsychotherapy.org) if you have such a request. If you are unhappy about the way in which Share Psychotherapy uses your personal data and cannot resolve the issue with us, you have the right to complain to the Information Commissioner's Office (<http://ico.org.uk>)

GDPR Statement revised 31 May 2018