

Date: \_\_\_\_\_

**STUDENT COUNSELLING SERVICES (SCS) REGISTRATION FORM**

*The purpose of this confidential form is to gather some preliminary information for Counselling staff. This information is used to provide you the best supports possible and improve our services. Once you complete this form please download a copy and then email to counselling@nipissingu.ca. Please note you can anticipate a response within 24 hours after submitting your registration form. (Hours: Monday – Friday 8:30 AM – 4:30 PM, excluding holidays)*

\_\_\_\_\_  
Surname First Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Preferred name

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Current Address or Residence & Room Number

\_\_\_\_\_  
Phone  Able to leave a voicemail

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
E-mail @my.nipissingu.ca

\_\_\_\_\_  
Gender

Pronoun(s):  He/Him  Her/She  They/Them  Other \_\_\_\_\_

**Please check all that apply:**

- International Student
- Registered with Student Accessibility Services
- Indigenous: First Nation (Status and Non-Status)
- Student Athlete
- Residence Life Team (i.e. Don, CA, etc.)
- Gen 1 (neither parent attended post-secondary education)
- Mature/Transfer Student

**How did you hear about counselling services? (Please check all that apply)**

- Self  Family Member  Student  Promotional Materials
- Health Centre  Nipissing Faculty / Staff  Other: \_\_\_\_\_

**Select which applies to you:**

- First time accessing Student Counselling Services
- Returning Student: have accessed Student Counselling Services in prior years
- Returning Student: have accessed Student Counselling Services this academic year

**Do you have a family Doctor?**  Yes  No

**If yes, please provide Name & City:** \_\_\_\_\_

**Program Name:** (e.g. Bachelor of Arts- History) \_\_\_\_\_

**Year of Study:** Undergraduate student:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  
 Graduate Program year: \_\_\_\_\_  PhD Program year: \_\_\_\_\_  
 1st year B.Ed Program or 5<sup>th</sup> year Concurrent  2nd year B.Ed  Non-Degree studies

**Emergency Contact Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

**Are your university studies being affected by your concern?**  Yes  No

***If yes, please check all that apply:***

- |  |  |
|--|--|
| <input type="checkbox"/> Ability to concentrate          | <input type="checkbox"/> Adjusting to university               |
| <input type="checkbox"/> Stress management               | <input type="checkbox"/> Work / life / study balance           |
| <input type="checkbox"/> Study skills                    | <input type="checkbox"/> Considering withdrawing               |
| <input type="checkbox"/> Ability to attend class         | <input type="checkbox"/> Overall academic performance (grades) |
| <input type="checkbox"/> Ability to complete assignments |  |

**Have you ever received counselling in the past, outside of SCS?**  Yes  No

**If you have received counselling services in the past, either with SCS or aside from SCS, briefly share with us what you have found helpful and unhelpful?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is going well in your life?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What would you like to focus on in your appointment when you meet with a counsellor?**

\_\_\_\_\_  
\_\_\_\_\_

**Same day appointments can be available to address what is important today. Please provide a few dates and times that you are available for an appointment:**

\_\_\_\_\_  
\_\_\_\_\_

**If you feel your current situation requires an appointment as soon as possible, please indicate here:**

\_\_\_\_\_  
\_\_\_\_\_

**If you are in crisis and would like to speak with someone now, telephone support is available 24/7 by calling the Nipissing Crisis Intervention Line 1-800-352-1141 or the Good2Talk Helpline 1-866-925-5454. If you feel you might hurt yourself or somebody else, call 911 or go directly to the Emergency Room at the hospital.**

***Protection of Privacy***

The personal information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to provide Student Counselling Services to students in the course of their studies while at Nipissing University. If you have any questions or concerns about the collection, use and disclosure of this information please contact Student Counselling Services at Nipissing University, 100 College Drive, North Bay ON, P1B 8L7, (705) 474-3450 ext. 4493