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| **For office use only** | |
| **CLIENT NUMBER** |  |



**DATE: ………………………………………………..**

**TRANS COUNSELLING APPLICATION FORM**

The Counselling Service offers free, short-term one-to-one counselling and group counselling for people who identify as trans, non-binary or are questioning their gender identity. The service is also able to refer or signpost people to external services that offer longer term or specialist counselling.

Once you submit this form it will be processed by a counsellor. You will initially meet with a qualified counsellor for an assessment during which they will discuss the best way in which the service can support you. If you are offered ongoing counselling, the counsellor will discuss the number of sessions that can be offered to you.

Please contact counselling@spectra-london.org.uk or call 020 3322 6923 if you are having any difficulty completing this form.

All fields are optional - but the information you give to us will help us to offer the most appropriate support.

**Confidentiality**

Counselling is confidential within the service, which means that your personal information is restricted to those delivering, managing or administering the counselling service, and is not communicated outside the organisation or with other parts of the organisation without your consent. Counsellors attend supervision where they discuss their work, which is also bound by confidentiality. However, this confidentiality may be broken should a counsellor believe there is a serious risk of harm to you or someone else. If you have any questions about confidentiality, please contact us using the details above.

**Data protection**

Spectra will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your mentoring with us (“the information”) will be used for the purpose of assessing your suitability for the service, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business.

If your application is successful, the information will form part of your file and we will be entitled to process it for all purposes in connection with your case. Once you complete or leave our service, the information will be retained for a further seven years, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section at the end of this form. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

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| **ABOUT YOU** |

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| **FIRST NAME:** |  | | | | | | | | | | | | |
| **SURNAME:** |  | | | | | | | | | | | | |
| **DATE OF BIRTH:** |  | | | | | | | | | | | | |
| **ADDRESS:** |  | | | | | | | | | | | | |
| **TELEPHONE:** |  | | | | | | | | | | | | |
| **EMERGENCY CONTACT AND THEIR RELATIONSHIP TO YOU:** |  | | | | | | | | | | | | |
| **GP DETAILS:**  \*you must be registered with a GP in order to be accepted onto the service | GP Name, Address and Contact Number:  Name under which you’re registered with GP if different from above: | | | | | | | | | | | | |
| **Is your GP aware of your gender identity / gender history?** *(Please let us know, and also if you would like us to refer to you by another name in the event that we needed to contact your GP. We will always seek consent before sharing information with any third party. However, confidentiality may be broken if there is a serious risk of harm to you or someone else. Please speak to your counsellor if you have any questions about this)* | | | | | | | | | | | | | |
| **EMAIL:** |  | | | | | | | | | | | | |
| **BOROUGH:** |  | | | | | | | | | | | | |
| **IS IT OK IF WE…** | | **CALL?** | | ☐ | | **LEAVE A VOICEMAIL?** | | ☐ | | | | | |
| **TEXT?** | | ☐ | | **EMAIL?** | | ☐ | | | | | |
| **HOW WOULD YOU DESCRIBE YOUR GENDER?** | | | | |  | | | | | | | | |
| **PREFERRED TITLE** | | |  | | | | | | | | | | |
| **WHAT PRONOUNS DO YOU USE** | | |  | | | | | | | | | | |
| **IS YOUR GENDER THE SAME AS YOUR WERE ASSIGNED AT BIRTH?** | | | | | | | **YES** | ☐ | **NO** | | ☐ | |
| **HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?** | | | | | | | | | | | | | |
| **(please state):** | | | | | | | | | | | | | |
| **HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?** | | | | | | | | | | | | | |
| **(please state):** | | | | | | | | | | | | | |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** | | | | | | | **YES** | ☐ | | **NO** | | ☐ |
| ***IF YES, COULD YOU SHARE A LITTLE ABOUT YOUR DISABILITY AND WHAT ADJUSTMENTS YOU MIGHT NEED TO SUPPORT YOUR ACCESS TO COUNSELLING?*** | | | | | | | | | | | | | |
| **HOW DID YOU HEAR ABOUT US?** | | | | | | | | | | | | | |
| **(please state):** | | | | | | | | | | | | | |
| **LANGUAGE PREFERANCE** **(Please State)** | | | | | | | | | | | | | |
| **Currently we can offer Counselling in English, French, Spanish,Portuguese, Italian, Hindi, Punjabi and Urdu:** | | | | | | | | | | | | | |
| **Conflict of Interest (In order for us to be mindful of any conflict of interest please could you tell us if you know any staff at Spectra, are in a close relationship with someone who has applied to/ is receiving counselling from Spectra. Or if you are receiving counselling elsewhere.** | | | | | | | | | | | | | |
| **(please state):** | | | | | | | | | | | | | |

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| **HAVE YOU BEEN REFERRED TO A GENDER CLINIC? If so please state which one below** |
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| **AVAILABILITY** |

Please mark with an **X** the times you are able to make and in which locations – the more availability you’re able to give the quicker we will be able to allocate you a counselling slot.

**In responses to the current Covid-19 pandemic, all our counselling sessions will be provided online or over phone call. We hope to resume Face to Face counselling in the future and we will use your indication to allocate you a slot in your chosen location once this is available.**

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| **St Charles’ Centre for Health & Wellbeing**  (10 mins walk from Ladbroke Grove tube) | | | | | | **56 Dean Street**  (5 mins walk from Leicester Square and Piccadilly Circus Stations) | | Please select how you would like to access counselling from the options below. (Multiple options may be selected) Counselling over the phone is available on a discretionary basis, please email for further information. | |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |  | **Wed** |
| **1pm** |  |  |  |  |  | **4pm** |  |
| **2pm** |  |  |  |  |  | **5pm** |  |
| **3pm** |  |  |  |  |  | **6pm** |  |
| **4pm** |  |  |  |  |  | **7pm** |  |
| **5pm** |  |  |  |  |  |  | | **Face to Face** |  |
| **6pm** |  |  |  |  |  |  | | **Online (Zoom)** |  |
| **7pm** |  |  |  |  |  |  | | **Phone** |  |

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| **REASONS FOR SEEKING COUNSELLING** |
| **Briefly describe what has led you to contact our service at this time** |
| **How do you hope counselling might help?** |
| **Are you currently receiving or on the waiting list for psychological support elsewhere? If so, please give brief details.** |

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| **PLEASE LET US KNOW IF ANY OF THE FOLLOWING ARE/HAVE BEEN A CONCERN** | | | | | |
| Issue | Present concern | Past concern | Not a concern | Not sure | Rather not say |
| Suicidal thoughts |  |  |  |  |  |
| Suicide Attempt |  |  |  |  |  |
| Self Harm |  |  |  |  |  |
| Problematic use of alcohol or drugs |  |  |  |  |  |
| Abuse (this could include but is not limited to: physical abuse; emotional abuse; sexual abuse; domestic abuse; neglect) |  |  |  |  |  |
| Assault |  |  |  |  |  |
| Trauma |  |  |  |  |  |
| Being threatened or intimidated by another person |  |  |  |  |  |
| Hate crime |  |  |  |  |  |
| Discrimination |  |  |  |  |  |
| Problems with eating |  |  |  |  |  |
| Homelessness/ housing concerns |  |  |  |  |  |
| Bereavement/ loss |  |  |  |  |  |
| Self-esteem |  |  |  |  |  |
| Relationship difficulties |  |  |  |  |  |

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| **ADDITIONAL SERVICES** |

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| **PEER MENTORING** |
| The trans-peer mentoring programme is designed to support individuals who would like holistic support around any issues that are important to you. These might include gender identity, sexual orientation, self-esteem, relationships (personal and with professionals) and well-being issues, and we offer a safe, non-judgmental, supportive, and empowering environment in which to explore these. The mentoring relationship will match you with a peer mentor you are happy with and follow a semi-structured programme.  ☐ **I am interested in peer mentoring.** |

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| **SOCIAL GROUPS** |
| Social groups for trans, non-binary and questioning people offering a safe, trans-led space to meet, socialise, support, take part in activities, workshops and enjoy a variety of speakers. Each session includes social time and an activity.  ☐ **I am interested in attending Spectra social groups.** |

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| **ART THERAPY GROUPS** |
| This Art Therapy Group is designed for trans and non-binary people as a place of exploring and getting support with difficult emotional experiences. You don’t have to be any good at art; it’s all about exploring your creativity, finding new ways to express yourself and learning skills to help you manage when things are difficult.  ☐ **I am interested in the Art Therapy group.** |

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| **CLIENT CONSENT:** |
| ☐ **I agree to Spectra holding the above data for the purposes outlined on the form and for monitoring access to this service**  **CLIENT SIGNATURE: Date:** |

Please return form to: [Counselling@Spectra-London.org.uk](mailto:Counselling@Spectra-London.org.uk)

Spectra, St Charles Centre, Exmoor Street, London W10 6DZ

For Self-Referral Or More Information, Please Contact:

Spectra Freephone: 0800 567 8302 (020 3322 6920)

Spectra Clinical Lead: 07712404252

Merton Young People’s Sexual Health Coordinator: 07712 404251

Wandsworth Outreach Mentor: 07903 457920