REGISTRATION FORM: PSYCHOLOGICAL SERVICES
STRICTLY CONFIDENTIAL

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| Guidelines for using this form |
| 1. This form is for completion by a UCT student wanting to access psychological services at the DSA Student Wellness Service (SWS) for the first time.
2. Please email the completed form to sws@uct.ac.za.
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| SECTION A: STUDENT APPLICANT DETAILS (Note: To be completed by the student) |
| Student Title, Name and Surname  |  |
| Student Number |  |  |  |  |  |  |  |  |  | Age |  | Date of Birth |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  D |  D | M |  M |  Y |  Y |  Y |  Y |

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| Faculty  |  | Course of Study |  |
| Year of Study |  | First Year of Registration |  |
| Sex (please tick one) | Male |  | Female |  | Trans |  |
| Telephone No.  | Term No. |  | Cell No. |  |
| UCT Email Address  |  |
| University Term / Physical Address (in Cape Town) |  |
| Next of Kin / Person to be contacted in an emergency |  |
| Next of Kin Contact No. |  | Next of Kin Relationship |  |
| Do you receive financial aid from NSFAS? (Note: Bursaries and scholarships are not included.) | Yes |  | No |  |  |
| If yes, please send a copy of the letter to sws@uct.ac.za so that consultation fees can be waivered |
| Are you on Medical Aid? | Yes |  | No |  | Name of Medical Aid |  |
| Membership No. |  |
| Main Member | Name and Surname |  | Contact No. |  |
| We continually strive to improve our services to students by way of research, advocacy or case management. To this end we might need to use some of the information in a confidential and anonymous way. |
| Do you consent to this? |  |
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| SECTION B: STUDENT AGREEMENT (Note: To be completed by the student) |
| I understand that I am personally responsible for all consultation costs incurred at Student Wellness Service. |
| Student Signature |  | Date |  |
| FOR OFFICE USE ONLY | Capture Date |  | Admin Signature |  |
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