

Confidential request for funds from the Clare Hall Mental Health Fund

Please fill the below form if you require professional mental health support beyond what is being offered by the University Counselling Service (UCS) and hand in the filled form at the tutorial office. The information will be treated confidentially.

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Last Name

First Name

CRSid

DOB

Have you been seen by the University Counselling Service?

Are you currently seeing a counsellor, if so since when?

Current counsellor's name

Counsellor's support statement for continued therapy (no specifics required)

Date and counsellor's signature

Suggested counsellor's/therapist's name

Suggested counsellor's/therapist's address

Suggested counsellor's/therapist's e-mail

Estimated cost per session

Expected duration and frequency of therapy

Comments and need for additional tutorial support

Date and student's signature