



## Application Form for Counseling/Consulting/Psychological Test

◎According to the aim of psychological test or counseling, it is necessary for the division of counseling and guidance of Southern Taiwan University of Science and Technology to collect your personal data, such as the categories of identification, characteristic, condition of family, social adjustment, mental condition, condition of life, in order to evaluate your psychological condition based on the result of tests or counseling. The division of counseling and guidance will conserve your data of evaluation, provide the regular or irregular personal counseling based on your needs, and contact you via phone or mail if necessary. You may ask for inquiring, reading, supplementing or correcting your data or ask for a copy of your data. You may also ask for stopping collection, processing and utilization or deletion of your data. Please contact +886-6-2533131ext.2220~2222. (p.s. If the data is incomplete, it may influence the evaluation of personal counseling.)

◎Notification: Your information will be completely kept confidential. Please fill in every item below for the arrangement of suitable counselor. Thank you for your cooperation.

Name(姓名): _____	Student ID(學號): _____	Age(年齡): _____
Birth Date(出生): _____ / _____ / _____	Sex(性別): <input type="checkbox"/> Male(男) <input type="checkbox"/> Female(女)	Nationality(國籍): _____
Marital Condition(婚姻狀況): <input type="checkbox"/> Single(單身) <input type="checkbox"/> Married(已婚)		
Division(學籍別): <input type="checkbox"/> Day Division(日間部) <input type="checkbox"/> Night Division(進修部) <input type="checkbox"/> Graduate(碩班)		
Department(科系): _____ Class(班級): _____		
Identification(身分): <input type="checkbox"/> Student(學生) <input type="checkbox"/> Teacher(教師) <input type="checkbox"/> Military Instructor(教官) <input type="checkbox"/> Staff(職員) <input type="checkbox"/> Dorm Supervisor(宿舍管理員) <input type="checkbox"/> Spouse(眷屬) <input type="checkbox"/> Parents(家長) <input type="checkbox"/> Alumnus(校友) <input type="checkbox"/> Other related people(校外人士) <input type="checkbox"/> Others(其他)		
Contact Information(連絡電話)		
Mobile(行動電話): _____	Dorm(宿舍電話): _____	
E-mail: _____		
Is it fine with you let others know our identification when leaving messages to you? (聯絡時是否可表明諮詢輔組) : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address(聯絡地址) :		
Correspondence Address(住宿地址) : _____		
Permanent Address(戶籍地址) : _____		
Emergent Contact Person Information		
Emergent Contact Person(緊急聯絡人): _____		Relationship(關係): _____
Contact Number(緊急連絡人電話): _____		Mobile(緊急連絡人手機): _____
Motivation for Counseling(晤談動機): <input type="checkbox"/> Self-motivated(自行前來) <input type="checkbox"/> Introduced By Classmates (同學介紹) <input type="checkbox"/> Transferred by Class Advisor(導師轉介) <input type="checkbox"/> Transferred by Military Instructor(教官轉介) <input type="checkbox"/> Invited by Counseling and Guidance Division(諮詢輔組邀約) <input type="checkbox"/> Others(其他)		
Counseling Issues(Multi-choice)(想與老師會談的主題)		
<input type="checkbox"/> 01.General Interpersonal Relationship(一般人際關係)		<input type="checkbox"/> 02.Affective Relationship(情感關係)
<input type="checkbox"/> 03.Self-exploration(自我了解)		<input type="checkbox"/> 04.Family Issues(家庭問題)
<input type="checkbox"/> 05.Difficulties in Choosing Department(科系選擇)		<input type="checkbox"/> 06.Difficulties in Learning(學習困擾)
<input type="checkbox"/> 07.Career Development(生涯前途)		<input type="checkbox"/> 08.Physical Health(生理健康)

09. Economical Condition(經濟狀況)  
 11. Mental Disorder(精神問題)  
 13. Arrangement of Life(生活安排)  
 15. Others(其他)

10. Searching for the Meaning of Life (人生意義)  
 12. Emotional Disturbance(情緒困擾)  
 14. Psychological Test(心理測驗)

In order to understand your condition and enhance the effect of counseling, please fill in the items below from 0 (the least) to 10 (the most).

(為了瞭解您的狀況以利諮詢晤談的成效，請您依據最近兩個星期以來(包括今天)所感受的狀況或想法，填寫下列題目：依據狀況強烈程度填寫 0(最低)~10(最強))

( ) Recently, I often feel like crying. (我最近會容易感到悲傷哭泣)  
 ( ) Recently, I sleep longer/shorter than before. (我最近睡的變多或變少)  
 ( ) Recently, I feel less interested in many things. (我最近對很多事情提不起興趣)  
 ( ) Recently, I eat much more/less than before. (我最近吃的東西變多或變少)  
 ( ) Recently, I often feel anxious, nervous or neurotic. (我最近容易急躁、緊張或神經質)  
 ( ) I often feel sick. (時常感到身體不適)  
 ( ) Recently, I often blame and criticize myself. (我最近容易責怪、批評自己)  
 ( ) I often feel valueless about myself. (我覺得自己沒有價值)  
 ( ) I often feel tired. (我最近容易疲倦)  
 ( ) I often think of committing suicide. (我有想要自殺的念頭)

Total(總計分數): \_\_\_\_\_

Main Issue for this session(這次想談的主要問題): \_\_\_\_\_

Have talked to the counselor here before?(曾來諮詢組談過)

Yes Date(時間): \_\_\_\_\_ Counselor(心理師): \_\_\_\_\_  
 No

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

## Available Time for Counseling (請填寫方便會談時間) :

Available Time (空堂時間)	Week Day Time	Monday	Tuesday	Wednesday	Thursday	Friday	Other Time
1	08:10 09:00						
2	09:10 10:00						
3	10:10 11:00						
4	11:10 12:00						
5	12:50 13:40						
6	13:50 14:40						
7	14:50 15:40						
8	15:50 16:40						
9	16:50 17:40						

Notes(說明) : If you are not available at the reserved time, please let us know 24 hours before the reserved time. (因故不能前來會談, 請依約定時間 24 小時前通知本組。)

Tel : 06-253-3131 # 2220~2222。

Are you willing to receive the information of activities from counseling and guidance division?

Yes  No (您是否想收到諮詢組的任何活動訊息)

Date (會談時間) (This item filled by counselors) (本欄由本組人員填寫)	____ / ____ (      ) Class(第__節)	Counselor	
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Counseling condition(狀態):  Counseling stopped temporarily(暫停晤談改追蹤)  Counseling Finished(諮詢結束)  Counseling Finished and Transferred to(結案並轉介至) \_\_\_\_\_



# *Southern Taiwan University of Science and Technology*

## *Counseling and Guidance Division*

### **Informed Consent of Individual Counseling**(個別諮詢知後同意書)

Please read the following guidelines carefully and sign your name below if you agree with the items of individual counseling.

- I. Our counseling service, including counseling, consulting and psychological tests for students is free. We provide single-session consulting for alumni.
- II. Your information (in videotaping, recording or paper forms) will be kept **extremely confidential except for your counselor, case manager, data system manager, or supervisor, who are all regulated by the Computer-Processed Personal Data Protection Law and Psychologists' Act. The videotaping data will be reserved for 1 month and the paper forms will be reserved for 10 years. The personal data will only be disclosed to the related departments in the following situation:**
  1. When endangering yourself or threatening others' life, freedom, property and security.
  2. When violating the law (such as Gender Equity Education Act, Sexual Assault Crime Prevention Act, Genetic Health Act, The Protection of Children and Youths Welfare and Rights Act, Domestic Violence Prevention Act, Criminal Code of the Republic of China etc.)
- III. In order to enhance the effect of counseling, counselors may need to record or video tape the counseling process for supervision with your permission, but you have the right to reject.
- IV. It takes **50 minutes per session** and will be arranged **once a week. The counseling service will be provided 6 to 8 times** for each applicant if needed. After 8 times, the counselor will discuss with you about extending session or terminating the counseling.
- V. **If you could not come for the reserved counseling, please cancel the session via telephone or email 24 hours before the session (TEL:+886-6-2533131 ext.2220~2222).** In order to maintain the quality of counseling and the equity for others to receive counseling service, the counseling service will be terminated in the following situations.
  1. Absence from the reserved counseling session twice without informing the counselor.
  2. Change the reserved counseling session over 3 times that may lead to interrupt the stability to the process of counseling (Applicants may have to reapply if needed).
- VI. We will arrange counselor for every applicant. You have the right to terminate the counseling or receive other counselor's service based on appropriate reasons, but make sure to discuss with your counselor.
- VII. If the mental disturbance have influenced your study seriously, you may discuss with your counselor, case manager or class advisor ahead of time in order to protect your rights of study.
- VIII. According to the regulations of transition guidance, we will evaluate the applicant's psychological condition and refer your information to your next school.
- IX. This statement has two copies, one for you and the other for the division of counseling and guidance. Please sign your name and the date to show that you have been well-informed and agree the above statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_