

※This center will write this part. (학생상담센터 기록사항입니다.)

접수 배정

비고

번 호:

번 호:

날 짜:

첫상담:

상담원:

상담원:

|  |
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| **APPLICATION****Privacy Policy Statement** |
| * **Purposes of Collecting, Using, and Providing Personal Information:**

for identifying the student’s enrollment status at Hongik University;for collecting his/her basic personal information necessary for counseling service.* **Kinds of Personal Information Collected:**

Personal information: name, date of birth, sex, department, phone number, postal & e-mail addresses College life: admission status, enrollment status, clubs, military service, religion, residential typeCounseling application: reasons, issues of concern, previous counseling experience or psychological tests taken, family Test results and/or counseling contents.* **Retaining and Using Personal Information:**
	+ Information collected will be recorded on application form, session log, or test(s) taken and retained in an individual case file.
	+ It will be retained at the Center while a student receives counseling for until 5 years after termination, and will be discarded thereafter.
	+ Viewing (or accessing) case files is limited to the Center counselors for purposes of counseling progression and statistical analyses on the use of counseling services by students. It won’t be allowed to view(or access) case files except for counselors in Hongik Student Counseling Center, counseling performance management Trust Inc (아이디노), and psychological inventory co. (인싸이트, ㈜ 어세스타, ㈜ 마음사랑, ㈜ 가이던스).
* **Providing Personal Information**
	+ Test results and counseling contents are confidential, and no one but counselors at the Center is allowed to disclose case files.
	+ However, such information can be disclosed to parents (or guardians) or related organizations if a counselor considers or becomes cognizant that a client may harm the security of him/herself or others.
 |
| I have read and understood the above, and I hereby consent to the collection, use, and **provision**of my personal information to apply for counseling serviceDate:Name: (print) (sign) |

|  |  |  |
| --- | --- | --- |
| **Perso nal Info**. | Korean Name | English Name |
|  |  |
| Birth Date (Age) | Gender | Nationality |
| ( ) | □Male □Female □ Etc |  |
| Major: Dept.: College: Year: Student ID#:  |
| Contact Info. | Current Phone#: E-mail Address:  |
| Home Address |  |
| 대학 및 생활 | Student Type | * Undergraduate □ Graduate
* Exchange □ Etc ( )
 | Religion |  |
| Academic Status | □ Enrollment □ Leave of absence |
| GPA | /4.5 | Joining Campus Clubs |  |
| Residence Type | □Home □Relative’s □Dorm □ Boarding house□ Rented □ Go-shi-won □ Other ( ) |
| 1. Details for deciding to receive counseling?* Personal Decision □ Recommendation from friends/seniors □ Recommendation from professors
* Recommendation from family □ Other( )
1. For which categories do you want to receive counseling?

You can choose more than one problem that you need help. Please check 'Choice' box. Then, regarding on the problem you chose, mark on box of degree of seriousness from 0 to 6 based on what you feel.1. Describe the most serious area that you want to receive counseling among above questions in detail.
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|  |  |
| --- | --- |
| Question | Degree of seriousness |
| Less serious Very serious |
| Adaptation | 1 | 2 | 3 | 4 | 5 | 6 |
| Study | 1 | 2 | 3 | 4 | 5 | 6 |
| Future career | 1 | 2 | 3 | 4 | 5 | 6 |
| Personal relation with others | 1 | 2 | 3 | 4 | 5 | 6 |
| Relationship with boy/girl friend | 1 | 2 | 3 | 4 | 5 | 6 |
| Sexual problems | 1 | 2 | 3 | 4 | 5 | 6 |
| Family problems | 1 | 2 | 3 | 4 | 5 | 6 |
| Characteristics | 1 | 2 | 3 | 4 | 5 | 6 |
| Emotion(depression, anxiety, anger, etc) | 1 | 2 | 3 | 4 | 5 | 6 |
| Behavior and habit(loss of sleep, difficulty paying attention & concentration) | 1 | 2 | 3 | 4 | 5 | 6 |
| Economical and life problems | 1 | 2 | 3 | 4 | 5 | 6 |
| Suicidal idea & behavior | 1 | 2 | 3 | 4 | 5 | 6 |
| Self-harm behavior | 1 | 2 | 3 | 4 | 5 | 6 |
| Others | 1 | 2 | 3 | 4 | 5 | 6 |

1. Have you ever taken a leave of absence?

□No □YES (When: Year, How long: semester(s))

1. Have you ever received counseling or psychological examination?

□No □YES (When: Year Month,

Where: , For which problem:

1. Motivation for deciding current major/department?

□Personal decision □recommendation from parents □considering my score □other ( )

1. How much are you satisfied with your major/department?

□very dissatisfied □dissatisfied □average □satisfied □very satisfied

1. What is the degree of economical wealth of your family?

□very poor □poor □average □rich □very rich

1. Who pays for your tuition fee and living allowance?

<Tuition fee> □parents □siblings or relatives □myself (part-time job)

□scholarship (type: ) □other( )

<living allowance> □parents □siblings or relatives □myself (part-time job)

□scholarship (type: ) □other( )

 11. Family Background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family member | Age | Education | Occupation | Relationship with me |
| Verybad | Bad |  | Good | VeryGood |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Health condition

□Very Healthy □Healthy □Weak □Very Weak

Currently having any illness? If so, specify

1. Check all available hours

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Note |
| 10-11am |  |  |  |  |  |  |
| 11-12pm |  |  |  |  |  |
| 12-1pm | Lunch time |
| 1 - 2 p m |  |  |  |  |  |
| 2 - 3 p m |  |  |  |  |  |
| 3 - 4 p m |  |  |  |  |  |
| 4 - 5 p m |  |  |  |  |  |