

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

접수	배정	비고
번호:	번호:	
날짜:	첫상담:	
상담원:	상담원:	

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 type
 Counseling 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. (인사이트, ㈜ 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 service

Date:

Name: (print)

(sign)

Perso nal Info.	Korean Name		English Name			
	Birth Date (Age)		Gender		Nationality	
	()		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Etc			
	Major:_____Dept.:_____		College:_____		Year:_____	
	Student ID#:_____					
	Contact Info.		Current Phone#:_____E-mail Address:_____			
Home Address						

대학 및 생활	Student Type		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange <input type="checkbox"/> Etc (_____)		Religion	
	Academic Status		<input type="checkbox"/> Enrollment <input type="checkbox"/> Leave of absence			
	GPA		/4.5		Joining Campus Clubs	
	Residence Type		<input type="checkbox"/> Home <input type="checkbox"/> Relative's <input type="checkbox"/> Dorm <input type="checkbox"/> Boarding house <input type="checkbox"/> Rented <input type="checkbox"/> Go-shi-won <input type="checkbox"/> Other (_____)			

1. Details for deciding to receive counseling?

- Personal Decision Recommendation from friends/seniors Recommendation from professors
 Recommendation from family Other(_____)

2. 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.

Question	Degree of seriousness					
	<div style="display: flex; justify-content: space-between; align-items: center;"> Less serious → Very serious </div>					
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

3. Describe the most serious area that you want to receive counseling among above questions in detail.

5. Have you ever taken a leave of absence?

No YES (When:_____Year, How long:_____semester(s))

6. Have you ever received counseling or psychological examination?

No YES (When:_____Year_____Month,

Where:_____, For which problem:_____

7. Motivation for deciding current major/department?

Personal decision recommendation from parents considering my score other ()

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

very dissatisfied dissatisfied average satisfied very satisfied

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

very poor poor average rich very rich

10. 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				
				Very bad	Bad		Good	Very Good

12. Health condition

Very Healthy Healthy Weak Very Weak

Currently having any illness?_____If so, specify _____

13. 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						