

Face to Face Screen

* Choose/enter 1 option only
** Choose more than 1 option if necessary

This document is to be kept separate from all other information relating to this client. Exclude all identification details for client or any other person. NEVER include any details or reference to the client's personal, or legal affairs, or mental or physical health. This includes both present circumstances and any future prognoses. No other document or potential information source, such as handwritten counselling notes, and/or another person's name, should be referred to.

Client ID * _____

Counsellor * _____

Client Context

Anyone know attending RCC (at start) *

- Yes
- No
- Unknown

Who knows attending RCC **

- Child(ren)
- Parent(s)
- Work Colleague(s)
- Friend(s)
- Partner
- Other
- Other Family
- Sibling(s)

Referred by *

- | | | | |
|---------------------|--------------------------------|-------------------------|-----------------|
| • Self | • GP | • Psychologist | • Social worker |
| • Clergy | • Hospital | • Refuge | • Teacher |
| • Counsellor | • Hostel | • Refugee Legal Service | • Youth Worker |
| • Friends/Relatives | • Other Voluntary Organisation | • Samaritans | • Womens Aid |
| • Gardaí | • Psychiatrist | • SATU | • Other |
| | | | • Unknown |

Entry 1 (enter date) _____

Exit 1 (enter date) _____

Entry 2 (enter date) _____

Exit 2 (enter date) _____

Counselling support ended 1 *

- Counsellor & Client joint decision
- Client decided to end
- Client no show
- Limited time sessions
- Client moved
- Counsellor moved
- Client died

Counselling support ended 2 *

- Counsellor & Client joint decision
- Client decided to end
- Client no show
- Limited time sessions
- Client moved
- Counsellor moved
- Client died

First disclosure *

- Yes
- No
- Unknown

Previously disclosed to *

- Child(ren)
- Sibling(s)
- Friend(s)
- Work Colleague(s)
- Other Family
- Other
- Parent(s)

When first disclosed *

- <1 Year
- 5-10 years
- 1-2 years
- 10 years+
- 2-5 years
- Unknown

Ever accompanied *

- Yes
- No
- Unknown

Accompaniment type **

- Garda
- Refugee Hearings
- Other Forensic
- Other Services
- Other Medical
- SATU
- Court

Personal Details

Client type *

- Survivor
- Supporter

Gender *

- Female
- Male
- Transgender/Transsexual

Approx age * _____

- | | | |
|------------|---------------|-----------------------------|
| • Straight | • Gay/Lesbian | Sexual orientation * |
| • Bisexual | • Unknown | |

Country of origin * _____

Legal status *

- Irish Citizen
- Work Permit/Green Card
- EU Citizen
- Study Visa
- Asylum Seeker
- Other
- Refugee
- Unknown
- Leave to Remain

Disability *

- None
- Visually impaired/blind
- Deaf
- Wheelchair User
- Learning disability
- Unknown
- Mobility impaired

Social Information

Residence area * _____

Relationship to survivor *

- Acquaintance
- Babysitter/Childminder
- Child
- Child-in-Law
- Clergy
- Cohabiting Partner
- Cousin
- Co-worker
- Doctor/Medical/Caring Profession
- Employer
- Ex-Cohabiting Partner
- Ex-noncohabiting Partner
- Family friend
- Foster Child
- Foster Parent
- Foster Sibling
- Friend
- Gardaí
- Grandparent
- Landlord
- Neighbour
- Non-Cohabiting Partner
- Parent
- Parent-in-Law
- Security forces
- Self
- Sibling
- Sibling-in-Law
- Sports Coach/Youth Worker
- Step-Child
- Step-Grandparent
- Step-Parent
- Step-Sibling
- Stranger
- Taxi driver/Driver
- Teacher (clergy)
- Teacher (lay)
- Uncle/Aunt
- Other
- Unknown

Housing Type *

- Owner Occupied
- Buying from local Authority
- Renting from local Authority
- Renting from private landlord
- Living with parents
- Direct Provision Centre
- Caravan/Mobile Home
- Prison
- Psychiatric Institution
- Other
- Unknown
- Homeless

Formal Education *

- Primary Education
- Junior/Intermediate/Group cert/O Levels
- Leaving Cert/A Levels
- Professional Qualification
- Third Level
- Postgraduate
- Unknown

First contact by Helpline *

- Yes
- No
- Unknown

Anyone know attending RCC (at end) *

- Yes
- No
- Unknown

Who knows attending RCC **

- Child(ren)
- Friend(s)
- Other Family
- Parent(s)
- Partner
- Sibling(s)
- Work Colleague(s)
- Other

Referred to *

- Clergy
- Ethnicity Specific Support Agency
- Gardaí
- Hospital
- Medical Doctor
- Other Counselling Agency
- Private Counsellor
- Refugee Support Agency
- Solicitor
- Women's Refuge
- Women's Support Refuge
- Youth Support Agency
- Other Unknown
- None

Waiting list start (enter date) * _____

Waiting list end (enter date) * _____

Notes