

SULIT

**COUNSELLING SESSION FORM
CAREER & COUNSELLING CENTRE
STUDENT AFFAIRS DIVISION
UiTM**

A. CLIENT INFORMATION*(Maklumat Klien)*

NAME :
Nama

GENDER : MALE FEMALE AGE :
Jantina *Lelaki* *Perempuan* *Umur*

UiTM NUMBER : SEMESTER:
No. UiTM

FACULTY :
Fakulti

NAME AND PROGRAMME CODE:
Nama dan Kod Program

HEAD OF PROGRAMME :
Nama Ketua Program

CURRENT ADDRESS / COLLEGE:
Alamat Semasa / Kolej

PERMANENT HOME ADDRESS:
Alamat Tetap Kediaman

H/P NUMBER :
No. Telefon Bimbit

E-MAIL ADDRESS :
E-Mel

IMMEDIATE RELATIVE/ NEXT OF KIN:
Nama Waris Terdekat

RELATIONSHIP :
Hubungan

H/P NUMBER :
No. Telefon Bimbit Waris

B. COUNSELLING INFORMATION (TO BE FILLED IN BY THE COUNSELOR)*Maklumat Kaunseling (Tindakan Kaunselor)*

TYPE OF COUNSELING: Individual Group
Jenis Kaunseling *Individu* *Kelompok*

TYPE OF PRESENTING PROBLEM : Self Social Monetary Career Academic Family
Jenis Masalah *Diri* *Sosial* *Kewangan* *Kerjaya* *Akademik* *Keluarga*

TYPE OF REFERRAL: Self-Referred 3rd party Referred
Rujukan *Sukarela* *Rujukan*

REFERRED BY:- Faculty College Student Affairs Family
Sumber Rujukan *Fakulti* *Kolej* *HEP* *Keluarga*

OTHERS (KINDLY STATE)
Lain-lain (Nyatakan)

CASE STATUS : New Follow Up
Status Kes *Baru* *Susulan*

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C. INFORMED CONSENT (Borang Persetujuan Termaklum)

I (*Saya*).....

I/C Number (*K/p No.*).....UiTM Student Number (*No.Pelajar UiTM*).....

am a client of (*adalah klien kepada*).....

I have been informed about the duration,process,technique and goals in the session by the counselor. I truly understand even though the information discussed during counselling session will be treated confidentially, there are several exceptions whereby disclosure is a must for the benefit of me myself and others or when acquired by law. If the counselor deemed that my action can possibly be harm to myself and others, the counselor can necessarily disclose the required information to the authority. The success of the counselling session relies on my willingness to express my feelings and thoughts and to practice the agreed alternative.

Saya telah dimaklumkan tentang matlamat, jangka masa sesi, proses dan teknik yang digunakan oleh kaunselor. Saya memahami bahawa walaupun semua maklumat yang berkaitan dengan perkhidmatan kaunseling adalah dirahsiakan,terdapat beberapa pengecualian dimana pendedahan perlu dilakukan untuk kebaikan saya, kebaikan orang lain atau keperluan undang-undang. Jika mengikut pertimbangan kaunselor, tindakan saya boleh menjejaskan diri saya dan orang lain, beliau berhak menggunakan budi bicaranya untuk mengambil tindakan yang wajar dengan melaporkan kepada pihak berkuasa. Kejayaan kaunseling bergantung pada kesediaan saya untuk berkongsi perasaan dan pemikiran serta melaksanakan alternatif yang dibincangkan.

Client's Signature
Tandatangan Klien

Counselor's Signature
Tandatangan Kaunselor

.....
()

Date :
Tarikh :

.....
()

Date :
Tarikh :

D. SESSION INFORMATION

Maklumat Sesi

SESSION
Sesi

DATE :
Tarikh :

1. Client's State of Condition:
(Behavior, Emotion & Thinking)
Keadaan Klien
(Tingkah laku, Emosi dan Pemikiran)
2. Presenting Problems/ Symptom
Aduan Masalah
3. Treatment Goals
Objektif Sesi
4. Intervention/ Actions
Tindakan Intervensi
5. Alternatives
Alternatif Penyelesaian

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1. Client's State of Condition:
(Behavior, Emotion & Thinking)
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(Tingkah laku, Emosi dan Pemikiran)
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