



PSYCHOLOGICAL DEVELOPMENT AND COUNSELING CENTER APPLICATION FORM

- Your application and all information you fill in the form below are confidential. No information is shared with anyone outside the PDCC team.
- After we receive your application, you will be directed to a psychological counselor as soon as possible and you will be contacted for an appointment. During busy periods, the appointment process may take 2-6 weeks.
- In case of emergency, it is recommended that you come to PDCC offices during work hours without waiting to be called and go to the nearest health institution outside work hours.
- Specifying as much time slot as possible at the end of the form where your available days and hours are asked will speed up the appointment process.
- The frequency and duration of sessions are decided according to your needs and expectations, the period you apply and the suitability of the center. In cases outside the service area PGDB, help sources as needed. In cases of applications outside the service area or working conditions of PDCC, referrals are made to external sources for help.
- If you do not come to your first session without notice, it will be considered that you have changed your mind about getting help from PDCC. In this case, it is your responsibility to contact the center and activate your application if you wish.
- If you have questions about the process, you can contact us at psikolojikgelisim@ieu.edu.tr or visit us at PDCC offices.
- If the “**SESSION in PROGRESS**” sign is active on the door of the PDCC rooms, you are kindly requested not to knock on the door, and come back at a convenient time.

Name-Last Name:	Date of Application:
E-mail:	Phone:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I do not want to specify	Date/Place of Birth:
Faculty:	
Department:	
Grade: <input type="checkbox"/> Prep <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Masters / Ph.D.	
Where do you/with whom you live? <input type="checkbox"/> Family <input type="checkbox"/> Friend/Boyfriend-Girlfriend <input type="checkbox"/> Alone <input type="checkbox"/> Dormitory <input type="checkbox"/> Other:_____	
Have you ever received psychological/psychiatric help? <input type="checkbox"/> No <input type="checkbox"/> Yes, from PDCC <input type="checkbox"/> Yes, from external sources <input type="checkbox"/> Yes, from both PDCC and external sources If yes, Who did you meet with? _____ What year/ For how long? _____ Have you used any psychiatric medication before? If yes, please specify the name and dosage of the medication(s). <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Are you currently using any psychiatric medication? If yes, please specify the name and dosage of the medication(s). <input type="checkbox"/> No <input type="checkbox"/> Yes _____	

Reason for applying to PDCC:

- Academic problems Family problems Problems in friend/boyfriend-girlfriend relationships
- Feelings of sadness/anxiety Physical complaints Personality traits Alcohol/substance use
- Loss/trauma Other: _____

Please briefly state your complaints:

For how long have you had these complaints?

- 1 month 1-6 months 6 -12 months 1-5 years 5 years and above

How much do these complaints affect your daily life?

- 1 (Not at all) 2 (Slightly) 3 (Moderately) 4 (Very) 5 (Extremely)

How much support do you get from your family and/or social circle regarding these complaints?

- 1 (Not at all) 2 (Slightly) 3 (Moderately) 4 (Very) 5 (Extremely)

How did you decide to apply to PDCC?

- friend recommendation family recommendation referral from the health office referral from a lecturer
- referral from an administrative personnel referral from external source personal decision

Emergency Contacts:

1- Name-Last Name: _____ Phone: _____ Relationship: _____

2- Name-Last Name: _____ Phone: _____ Relationship: _____

Session Planner:

Please tick all the times you are available for a counselling session in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
09:00-10:00					
10:00-11:00					
11:00-12:00					
13:00-14:00					
14:00-15:00					
15:00-16:00					
16:00-17:00					