



Counselling & Placement Centre (CPC)
Bangladesh University of Professionals (BUP)

CPC ID no. (office use only):

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Intake Form

Name:	Preferred Name:
Age:	ID/BUP Number:
Gender:	Semester:
Marital Status:	Department/Office:
Mobile:	Emergency Contact:
E-mail:	Relationship with emergency contact:

Referred by: ☐ Self ☐ OthersService Required: ☐ Academic & Socio-Emotional ☐ Academic & CareerPreferred day: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ ThursdayPreferred slot: ☐ 09:30-10:20 AM ☐ 11:00-11:50 AM ☐ 12:30-01:20 PM**What issues would you like to discuss during the counselling process?**

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Confidentiality & Disclaimer: The CPC adheres to a strict standard of confidentiality. All information shared between you and your counselor will remain confidential. However, under certain professional or academic circumstances outlined below, information may be disclosed to appropriate individuals or bodies:

- a. If there is any indication that you may cause harm to yourself or others, your designated emergency contact and the BUP authority may be notified to ensure your safety.
- b. Your case may be discussed with a mental health supervisor, or professional for guidance in your counseling process. Additionally, anonymized data may be used for research purposes, ensuring that all personally identifiable information remains confidential.
- c. Your present psychological state will be included in a monthly summary report shared with the BUP authority, containing only your CPC reference number and department, but no identifying personal information.
- d. Your demographic information will be stored centrally at the CPC office. However, the full case file will be securely kept only by your assigned counselor.

I have read and understood the above information and hereby sign below as an indication of my agreement to receive counseling services.

Date: _____

Individuals' Signature: _____

Date: _____

Counsellors' Signature: _____

Parents / Caregiver and spouse details:

	Age	Marital Status	Education	Occupation	SES	Interpersonal relation (0-10)
Mother						
Father						
Spouse						

Individual's birth order and siblings:

No.	Age	Sex	Education	Marital status	Residential Status	Interpersonal relationship (0-10)

Individual's child information:

No.	Age	Sex	Education	Health	Residential Status	Interpersonal relationship (0-10)

Individual's Educational history:

Exam Name	Institute	Year	Subject	Result	Satisfaction level (0-10)