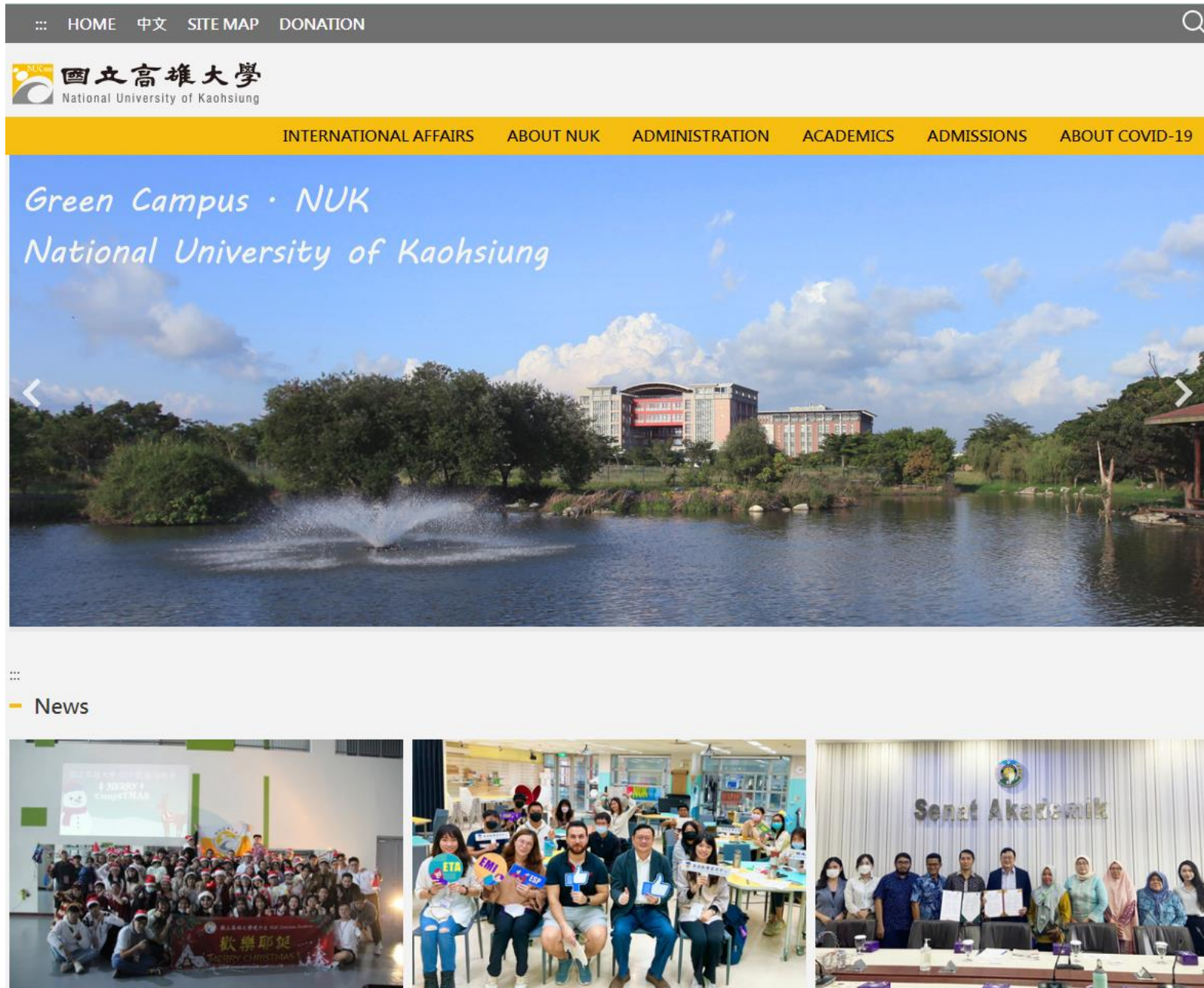


How to apply for counseling services ?

Go to the National University of Kaohsiung's website





Click



INTERNATIONAL AFFAIRS

ABOUT NUK

ADMINISTRATION

ACADEMICS

ADMISSIONS

ABOUT COVID-19

Administration

Attention COVID-19



Keep hands clean



Take temperature



Wear a mask



Maintain social
distance



Register contact
information



Clean and disinfect
environment



衛生福利部疾病管制署



教育部



國立高雄大學 關心您



News





Administration

President Office	Vice President of Academic Affairs
Vice President of Administration Affairs	Secretariat
Division of Academic Affairs	<div>Division of Student Affairs</div> click
Division of General Affairs	Office of International Affairs
Division of Research and Development	Library and Information Center
Office of Physical Education	Extension Education Center
Advanced Business Incubation Center	Personnel Office
Accounting Department	International School (iSchool)
Center for English Teaching and Learning Resources	



學生事務處

Dean of Student Affairs

Student Life

Student Activities

Health Center

Student Counseling

Career Services

click

Home / Division of Student Affairs

Dean of Student Affairs

Dean of Student Affairs

Meet the Dean

DE-XING CHEN



Tel : 886-7-5919050 Ext : 8300

Fax : 886-7-5919079

E-mail : cds99588@nuk.edu.tw

Welcome to National University of Kaohsiung(NUK)! Located in Kaohsiung, NUK is one of the most selective universities in southern Taiwan. With cutting-edge research, world-class faculty and a hard-working student body, NUK continues to provide solutions to 21st-century challenges. Outside the classroom, you will broaden your horizons as you discover the abundant extracurricular activities and diverse cultures of the world through your fellow classmates, who come from a variety of backgrounds and represent over the other countries.

[Home](#) / [Division of Student Affairs](#)

Student Counseling

[Counseling Service System](#)

click

Individual Counseling

Professional counselors help clients to explore the self, resolving their difficulties and questions.

Mental Health Activities

We would hold different topics of lectures, seminars, and information to help students to develop the healthier bodies and minds.

Welcome New Students Service

- Freshman psychological test
- Freshman learning camping
- The seminar of the leaders of freshman

you will be taken to this page

**諮輔服務
e化系統**

welcome to the
COUNSELING SERVICE SYSTEM

登入 | LOGIN

Student ID
帳號

密碼

驗證碼

Login

DHF6

帳號及驗證碼不區分大小寫

 **國立高雄大學**
National University of Kaohsiung

同學 歡迎您
網頁剩餘時間(00:00:31)

退出

English

個別諮商

select "English"



個別諮商 > 個別諮商申請

訊息(Info.):

人的一生中，或多或少都會碰到困難、低潮或壓力，當一個人陷在情緒裡，心情和煩惱的事情糾結在一起，有時會很難理出頭緒~
跟一個客觀、且能傾聽接納的人分享，可能比跟同學或老師說來得容易一些，心理師會聽你說，讓你談談自己的煩惱~
你可以用自己的速度，找到適合的字眼，來形容你的心情或想法，跟一個聽的懂你在說甚麼的人同在，會讓你覺得好過一點~
心理師會客觀的回應，這樣你也可以釐清你的思緒，也更有力氣去面對及處理問題。

填寫「個別諮商申請表」



Individual Counseling > Registration

訊息(Info.):

Student Counseling Section service is a confidential process designed to help you address your concerns, make better decisions, learn effective coping strategies, improve your personal skills and acquire a better awareness of your thoughts, feelings and actions. While in counseling, you may also examine beliefs and ways of thinking about the world, reflect on patterns of behavior, increase personal confidence, and become more aware of the needs of others.

Fill out 「Individual Counseling Registration Form」

click



Individual Counseling > Registration

〈To help the counseling process go more smoothly, please read the following instructions〉

Informed Consent for Counseling Services

read carefully

This statement provides you with important information about our services and policies. Please read this material carefully. If you have any questions, do not hesitate to discuss them with your counselor. We hope we can be of assistance and look forward to working with you. Thank you for your cooperation.

1. SERVICES PROVIDED. The Counseling Center is available to provide counseling and psychological services to NUK students. We offer individual therapy, crisis intervention, psychiatric evaluation consultation. Your intake counselor will work with you to determine which services are appropriate for you. If individual therapy is most appropriate, your intake counselor will work with you to find a counselor who will be a good match for you. This person may or may not be your intake counselor.
2. LIMITATIONS OF SERVICE. Based on our mission and resources, the Counseling Center offers short-term counseling and emphasizes a brief treatment approach. While we do not have strictly defined session limits, we cannot address all mental health needs. The delivery of services is based on a determination of the professional staff as to the appropriateness of the services requested. Most students are seen an average of five to six sessions. If it is determined that your treatment requires resources or services beyond what we can provide, then we can assist you with a referral to an appropriate mental health provider. Circumstances that might warrant a referral include: long-term treatment and/or long term medication maintenance; more intensive treatment, or specific services or approaches to mental health treatment not available at the Counseling Center.
3. EFFECTS OF COUNSELING. Most of our clients can expect to benefit from counseling, making positive changes in their thoughts, feelings, and behaviors. However, the results of counseling can be variable, and a positive outcome depends on the effort expended by the client as well as the counselor. Even the most successful counseling may at times be painful as you deal with emotionally difficult issues. As you make personal changes, potentially stressful changes may occur in your relationships with others. There are times when clients may feel that their counselor is not a good match for them. If that situation should occur, you have the right to request a different counselor, as well as the responsibility to inform your counselor of your desire to change. You also have the right to terminate counseling at any time.
4. ELIGIBILITY FOR SERVICE. In order to be eligible for personal counseling services, you must be currently registered as a student. ALL SERVICES ARE FREE OF CHARGE.
5. CONFIDENTIALITY. Our counseling staff adheres to the ethical principles and codes of conduct for counselors and psychologists as outlined by the appropriate state licensure boards. Information shared by you in a counseling session or obtained through psychological testing will be kept in strict confidence. The counseling staff operates as a team to provide the best possible services to clients. As professionals, we confer with each other. These consultations are for professional and/or training purposes only. Written and electronic records of your contact with the Counseling Center do not go into your academic record, and no information will be disclosed to anyone outside of the Center without your written permission.
- THERE ARE SOME SITUATIONS IN WHICH WE ARE LEGALLY OBLIGATED TO DISCLOSE INFORMATION OR TAKE ACTION TO PROTECT YOU OR OTHERS FROM HARM: (a) if we believe that a child or vulnerable adult is being abused, we may be required to file a report with the appropriate state agency, (b) if we believe that a client is threatening serious bodily harm to self or others, we are required to take protective actions; these actions may include seeking hospitalization for the client, contacting others who can help provide protection or contacting the police, or (c) if a court issues an order for the release of records. PLEASE NOTE: THE EXCEPTIONS TO CONFIDENTIALITY DO NOT OCCUR VERY OFTEN. Should they occur, it is the policy of the Counseling Center that, whenever possible, we will discuss with you any action that is being considered.
6. CHANGING APPOINTMENTS. If it is necessary to change or cancel your appointment, please contact the Counseling Center as soon as possible. This will allow us to free that time for another student. To the best of our ability, we will notify you in advance if your counselor is ill or unable to meet with you. Coming on time and regular attendance is important to facilitate the counseling process.
7. COUNSELING RECORDS. COUNSELING RECORDS ARE NOT PART OF ACADEMIC RECORDS AND NO ONE EXCEPT THE STAFF OF THE COUNSELING CENTER HAS ACCESS TO THEM WITHOUT YOUR WRITTEN PERMISSION. Counseling records are stored in locked files and/or electronically on a secure server that is only accessible by our staff. Your record will be destroyed either five or ten years after your last date of service, depending on specific board requirements. For confidentiality reasons, we do not use e-mail for counseling. With your permission, we may use e-mail to contact you regarding appointments or to send information you may have requested.
8. SUPERVISION OF STAFF. Both counselors and psychologists seeking licensure receive supervision of their counseling work. Interns may be required to have sessions recorded for review by their supervisors. If your counselor wishes to record your session, you will be asked to give your written permission. Any information shared with supervisors will be treated confidentially, the goal being to give you the best service we can. If you do not wish to be recorded, your wish will be respected.
9. EVALUATION. The Counseling Center seeks to assess the effectiveness of its services. You will be asked to complete an Individual counseling feedback questionnaire for periodic evaluations during the counseling process. This will allow the counselor to better assess your needs and check on your progress on an ongoing basis. Some of your information may be used for administrative purposes; however, any use of information will be in aggregate form, and you will not be personally identifiable.


By clicking the button containing "INFORMED CONSENT FOR COUNSELING SERVICES" I hereby state that I have read, understand and agree to the Informed Consent terms above.

INFORMED CONSENT FOR COUNSELING SERVICES

EXIT

Select either one

If you select “informed consent for the counseling services” in the previous slide, you will enter into this page for the application form.




國立高雄大學
National University of Kaohsiung

Good afternoon, [Name]

Time remaining: (00:59:53)

退出 中文

Individual Counseling



諮詢服務e化系統
welcome to the
COUNSELING SERVICE SYSTEM

溫暖 樂活 心探索

Individual Counseling > Registration

訊息 (Info.):

Student Counseling Section service is a confidential process designed to help you address your concerns, make better decisions, learn effective coping strategies, improve your personal skills and acquire a better awareness of your thoughts, feelings and actions. While in counseling, you may also examine beliefs and ways of thinking about the world, reflect on patterns of behavior, increase personal confidence, and become more aware of the needs of others.

SECOND SEMESTER OF THE 111TH ACADEMIC YEAR DATE: 2023/02/07
14:00

Name				ID/Passport No.			
Date of Birth				* Gender	Female	Further Explanation :	
Student No.				Educational System	大學部		
College				Department			
Class							
* Identity	<input checked="" type="radio"/> Native-Born Student <input type="radio"/> Overseas Chinese Student <input type="radio"/> Foreign Student <input type="radio"/> Disabled Student <input type="radio"/> Exchange Student <input type="radio"/> Aboriginal Student <input type="radio"/> Disadvantaged student			* Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Other		
* Disability	<input checked="" type="radio"/> No <input type="radio"/> Yes			Student Info	Student Identity : 一般生		
* Lodging Situation	<input type="radio"/> Dorm <input type="radio"/> Live With Family <input type="radio"/> Rental House <input type="radio"/> Other (Please Describe Briefly) Dormitory Building : Please Choose Room Number :			<div>Please make sure the information listed below is correct.</div> <div>* PhoneCurrent Phone : / Cell Phone : * Present Address * Permanent Address * E-mail Address (Be sure to fill common mailbox, the Student Counseling Center will write to inform you that appointment time.)</div>			
* Emergency Contact Information	1. Name : / Relationship to you : / Phone : 2. Name : / Relationship to you : / Phone :						
* Referred by	<input type="radio"/> Self <input type="radio"/> Introduce by Classmate <input type="radio"/> Introduce by Parents <input type="radio"/> Introduce by Other People <input type="radio"/> Other (Please Describe Briefly) Introducer :						
* TOPIC(S) or Area(s) of Concern	<input type="checkbox"/> Family Relationship(s) <input type="checkbox"/> Interpersonal Relationship(s) <input type="checkbox"/> Intimate Relationship(s) <input type="checkbox"/> Learning <input type="checkbox"/> Career Planning <input type="checkbox"/> Self-exploration <input type="checkbox"/> Stress Adaptation <input type="checkbox"/> Emotion Adaptation <input type="checkbox"/> Sexual Behavior Problems <input type="checkbox"/> Sexual Assault / Harassment <input type="checkbox"/> Gender Identity <input type="checkbox"/> Suicidal / Self Injurious <input type="checkbox"/> medical Disease <input type="checkbox"/> Assessments/Questionnaires <input type="checkbox"/> Internet use <input type="checkbox"/> Other (Please Describe Briefly) <input type="radio"/> No <input type="radio"/> Yes Please Indicate						

Good afternoon,
Time remaining(00:59:42)

退出 中文

Individual Counseling



Individual Counseling > Registration

* Medical Information	<p>1. Have you ever have / had treatments in Psychosomatic Clinic? <input type="radio"/> No <input type="radio"/> Yes · Hospital : <input type="text"/> Diagnosis : <input type="text"/> Date : <input type="text"/> Remark : <input type="text"/></p> <p><input type="checkbox"/> Has informed and obtaining informed consent from Physician about making an appointment in school counseling services</p> <p>2. Do you have a history of specific diseases? <input type="radio"/> No <input type="radio"/> Yes · Please explain : <input type="text"/></p> <p>3. Are you currently taking medication? <input type="radio"/> No <input type="radio"/> Yes · Please explain : <input type="text"/></p>
* Family Status	<p>1. Family Members :</p> <p>Father : <input type="radio"/> Alive <input type="radio"/> Deceased <input type="radio"/> Missing <input type="radio"/> Unknown Ages : <input type="text"/> Occupation : <input type="text"/></p> <p>Mother : <input type="radio"/> Alive <input type="radio"/> Deceased <input type="radio"/> Missing <input type="radio"/> Unknown Ages : <input type="text"/> Occupation : <input type="text"/></p> <p>Your Birth Order : <input type="text"/> Elder Brother : <input type="text"/> Younger Brother : <input type="text"/> Elder Sister : <input type="text"/> Younger Sister : <input type="text"/></p> <p>2. Parents' marital status : <input type="radio"/> Living together <input type="radio"/> Living Apart <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Other · Explanation : <input type="text"/></p> <p>3. How do you feel about family atmosphere? (0-10 points to describe, 0 is divided into "very poor" and 10 classified as "excellent") : <input type="text"/></p> <p>4. Has any family member been diagnosed with psychiatric illnesses? <input type="radio"/> No <input type="radio"/> Yes · the diagnosis is : <input type="text"/> Relationship to you : <input type="text"/></p>
* Expectations for Counseling (1000 characters limit)	<p>1. About how many sessions do you estimate you need (Based 6) : <input type="text"/></p> <p>2. Please evaluate the immediacy of your needs (0 is divided into "able to wait" and 10 points is classified as "emergency") : <input type="text"/></p> <p>Expectations for Counseling <input type="text"/></p>

Available Session Times

(Please choose at least 5 options)

		MON	TUE	WED	THU	FRI
1	▶ 09:10~10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	▶ 10:10~11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	▶ 11:10~12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	▶ 12:00~13:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	▶ 13:10~14:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	▶ 14:10~15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	▶ 15:10~16:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	▶ 16:10~17:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	▶ 17:10~18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I AGREE TO PROVIDE PERSONAL INFORMATION · SEND REGISTRATION EXIT

After completion, please wait for the email notification

review

Go to the National University of Kaohsiung's website



Select Administration



Select Division of Student Affairs



Select Student Counseling



Enter into the counseling service system



Login with your student ID and password



Read the Informed Consent for Counseling Services terms



Complete the application form



Wait for email notification