



THE CANADIAN INSTITUTE OF WORKPLACE
BULLYING RESOURCES
Prevention | Intervention | Repair

STEP ONE CO-OP MEMBER INTAKE FORM

**Please complete the following brief intake form. If you cannot scan it back to us,
please take a cell phone photo and return it that way. Thank you.**

Name: _____ Home Phone _____ Date: _____

Cell #: _____ Text ok? _____ Email _____

Do you prefer to receive a response via: Phone call _____ Email _____

Please indicate best day to contact you: Monday - Friday _____

Please indicate the best time to contact you? 8:00 am–1:00 pm: _____ 1:00-5:00 pm: _____

Is it okay to leave a phone message? Yes _____ No _____ Is it ok to leave email message? Yes _____ No: _____

Please advise any other details that help us in following up with you:

Intake Assessment Questions:

1. **Please briefly** outline your presenting concern:

2. Have you accessed any community resources to address the issue? YES NO_

3. Have you referred to your bylaws prior to making this complaint? Yes _____ No _____

4. Which bylaws have you reviewed? _____

CONFIDENTIALITY AND LEGAL AUTHORITY – This Must Be Signed, Thank You

Electronic Services

Please initial each statement.

_____ I consent to receive telephone / electronic services from..... this may include telephone sessions or audio / video conferencing via zoom.

_____ I acknowledge that I have reviewed and signed the Confidentiality Portion of the intake form.

_____ I understand that there are potential limitations associated with participating in telephone / electronic services e.g., internet connection interference.

_____ I agree, to the best of my ability, to ensure that I am in a safe location for my appointments / sessions. I agree to report to my intake and/or complaints consultant my current location during the appointment. I understand that my sessions will involve only myself unless otherwise discussed and mutually consented.

_____ It is understood that neither I, intake, or complaints consultant, will record any part of the counselling without written consent.

Contents of all discussions are confidential. Both verbal information and written records about a co-op member cannot be shared with another party without the written consent of the co-op member or the co-op member's legal guardian. We will be transparent with you regarding what information will be shared with the board. Noted exceptions are as follows:

Duty to warn and protect: If a member discloses that they plan to harm themselves or another, the INTAKE LINE and/or COMPLAINTS CONSULTANT is required to warn the intended victim and report to legal authorities. In cases in where the co-op member discloses or implies a plan for suicide, our Intake Line and Complaints Consultants are required to promptly notify medical and/or legal authorities. **Abuse of children or seniors:** all forms of abuse must be reported.

Signature _____ Date: _____ Print Name _____

