



St Patrick's
Catholic Primary School

2025

Primary School Counselling Referral and Consent Form

Name of child: _____ **D.O.B:** _____

School: *St Patrick's Catholic Primary School Bundaberg* **Year Level:** _____

Teacher's Name: _____

Referrer Details:

Name: _____ **Relationship to Child:** _____

Please circle:

Does the child access Learning Support at the school? Yes No Unknown

Is the child currently seeing a counsellor/health professional? Yes No Unknown

Has the child had previous assessments or diagnoses? Yes No Unknown

If yes to any of the above, please provide relevant details:

Reason for Referral/Concerns?:

(Please complete page 2 overleaf)

Parent/Guardian/Carer 1:

Name: _____ Relationship with child: _____

Phone: _____ Email: _____

Parent/Guardian/Carer 2:

Name: _____ Relationship with child: _____

Phone: _____ Email: _____

Where there are two or more parents or guardians, the School only requires the written consent of one parent/guardian UNLESS the parents have advised the school that they must both consent to any matter relating to the child OR any court order or other legal document or direction states that both parents must consent to matters relating to the student. Alternate arrangements may be accepted at the discretion of the Counselling Services Coordinator and School Principal.

Please circle:

- | | |
|---|----------|
| 1. Do both parents/guardians consent to the counselling referral? | Yes / No |
| 2. (a) Are parents/guardians separated? | Yes / No |
| (b) If yes, do Family Court Orders/Protection Orders/Parenting Plans exist? | Yes / No |

Note: Parent/Carers/Guardian Consent (If answer to question 1 is yes, and question 2 is no, one signature is sufficient. If answer to question 2 (a) is yes, and one signature is provided below, verbal consent from the non-signing parent/carer/guardian will be sought):

In signing this, I also acknowledge that I have read and understood the information provided (Informed Consent Handout for *Parents/Carers*) about the school counselling service as well as the limitations to confidentiality. I understand that once given, my consent will remain current for 12 months or until it is withdrawn by me in writing (email accepted).

I, _____ (Parent/Guardian) consent to the school counsellor providing services to _____ (Child's name).

Signature: _____ Date: _____

I, _____ (Parent/Guardian) consent to the school counsellor providing services to _____ (Child's name).

Signature: _____ Date: _____

Thank you for completing this referral form.