



2022 School Counselling Referral Form

Referrer Details:

Name: _____ Relationship to Child: _____

Contact Details: (Phone, Email) _____

Signature: _____ Date: ____ / ____ / ____

Details of Student:

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

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

Teacher's Name: _____

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: _____

Contact Details (Phone/email): _____

Parent/Guardian/Carer 2:

Name: _____ Relationship with child: _____

Contact Details (Phone/Email): _____

Both parents/guardians must consent to Counselling services, as it is assumed that there is shared responsibility for the care and welfare of the child by both parents unless Court orders/protection orders/parenting plans are provided and state otherwise.

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 |

Parent/Guardian Consent (If answer to question 1 is yes, 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/guardian will be sought):

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 I understand that once given, my consent will remain current for the school year or until it is withdrawn by me in writing (email accepted).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