



**St Patrick's**  
Catholic Primary School

## 2024 School Counselling Referral 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: \_\_\_\_\_

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 |

***Both parents to sign for consent please. However, 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 I understand that once given, my consent will remain current for the school year or until it is withdrawn by me in writing (email accepted).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.**