



Parent/ Caregiver

Referral to School Counsellor

Student's Name: _____ **Date of Birth:** _____ **Year/ Class:** _____

Date of Referral: _____

Parent/Carer 1

Name : _____ **Mobile:** _____ **Living with Child:** Y/N

Relationship to child: _____ **Email:** _____

Parent/Carer 2

Name : _____ **Mobile:** _____ **Living with Child:** Y/N

Relationship to child: _____ **Email:** _____

Are there any applicable court orders in relation to contacting Parent/Carer 2 **Yes/No**

Reason for Referral – what concerns do you have?

Details of any previous assessment (from Dr, Psychologist, OT, Speech pathologist etc.):
(please attach any reports)

Developmental History – any illness or accidents?

What strategies have been tried so far and with what success?



Is there anything else you would like the Counsellor to know?

What outcome would you like from this referral?

Counselling Disclosure and Permission Form

At Nowra Christian School, we provide a number of services to help the learning and development of students, and to look after their welfare and safety. Counselling is one aspect of those services. In helping your child, counsellors do so as a member of the school's wellbeing team.

When your child comes to see one of us about an issue, it will generally be treated as confidential. However, we may also need to share information. This may occur if we have concerns about your child's safety and wellbeing or the safety and wellbeing of others. We may need to share information to help your child's ongoing educational needs. In these circumstances, we may need to share information with:

- The Principal, Head of School or their delegate
- Other staff but only on a need to know basis

We may also have a legal obligation to share certain information that you or your child have told us. We will keep notes of discussions with both yourself and your child. These normally will only be for our reference, but under certain circumstances, the Principal or Legal professionals may also need to access those notes and records.

If we are going to share information, we will normally discuss this with you, as well as the child.

Confirmation

I have read the Counselling Disclosure statement and give permission for my child to be seen by one of the Nowra Christian School counselling team.

I give permission for the School Counsellor to:

- Carry out assessment and counselling as required: Yes/ No
- Contact the authors of the reports I have provided from the agencies listed: Yes/ No
- Exchange information with these agencies: Yes/ No

Signed: _____ Date: _____
(Parent/ Caregiver)