



Primary School Counselling

Parent/Guardian/Carer Referral and Consent Form

Details of Student

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

Is the child of Aboriginal and/or Torres Strait Island Origin? (please circle)

No	Yes – Aboriginal	Yes – Torres Strait Islander	Yes – both Aboriginal and Torres Strait Islander
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Teacher's Name: _____ Year level: _____

Are you aware of any of the following in relation to your child or family? (please circle)

Family Court Proceedings	Family and Community Services (FACS) and/or Department of Child Safety involvement	Domestic and Family Violence Protection Orders
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Reason for Referral/Concerns

Are you aware of any past or present stressors that may be impacting on your child's well-being?

We provide a short-term focused intervention. What do you think would be most helpful for your child to work on?



Mental Health & Emotional Wellbeing

Please tick all relevant boxes that the student may need support with:

Emotional Regulation / Coping Skills		Peer Relationships / Bullying	
Parental Separation / Divorce		Learning Support/ Educational Issues	
Emotional Well-being / Resilience		Grief / Loss	
Suicide / Self-Harm behaviours		Anger Management	
Domestic / Family Violence		Behavioural Issues	
Anxiety / Stress		Poor / Non-attendance at school	
Confidence / Self-esteem		Other (please describe):	

Existing support(s) for the student

Please circle if relevant to the student:

- Does your child access Learning Support at the school? Yes No Unknown
- Is your child currently seeing a counsellor/health professional/other? Yes No Unknown
- Has your child had any previous assessments or diagnoses? Yes No Unknown

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



Name of person filling in the form:

Name: _____

Relationship to Child: _____

Contact Details: (Phone, Email):

Are you the parent or legal guardian of the child identified in this form? YES / NO

If *no*, please specify the name and contact details of the legal guardian:

Parent/Guardian/Carer 1:

Parent/Guardian/Carer 2:

Name:

Name:

Relationship to Child:

Relationship to Child:

Contact Details: (Phone, Email):

Contact Details: (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** there are any court orders or other legal documents or direction states that both parents must consent to matters relating to the student.

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/Guardian Consent (if the answer to **question 1 is yes**, and **question 2 (a) is no**, **one signature is sufficient**.)

If the answer to **question 1 is yes**, and **question 2 (a) is yes**, and one signature is provided below, verbal consent from the non-signing parent/guardian will be sought).



ST BRIGID'S
Catholic Primary School
EMERALD

Gentleness and Strength

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 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/Carer) consent to the school counsellor providing services to _____ (student's name).

Signature: _____ Date: _____

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

Signature: _____ Date: _____

Thank you for completing this referral form.