



Primary School-Based Counselling Program – Referral Form

Note: Please fill out this form for the school counsellor to see your child.

Date:

Referral Source: Parent ☐ Principal ☐ Teacher ☐ Other ☐

STUDENT DETAILS

Name: Date of Birth:

Address

Gender (please tick): Male ☐ Female ☐ Ethnicity:

Teacher's Name: Class:

Designated staff members signature (Principal or other)

REASON FOR REFERRAL

School ☐ Family ☐ Personal ☐ Other ☐

Further details:

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PARENTS / LEGAL GUARDIANS' CONTACT DETAILS

Name: Home/Work No.:

Email: Mobile No.:

Address:

Name: Home/Work No.:

Email: Mobile No.:

Address:

CLIENT / PARENT – LEGAL GUARDIAN CONSENT

Please note: Primary school referrals require the consent of residential parent(s)/legal guardian(s).

I / We agree to the above information being released to Catholic Care NT School Based Program for the purpose of referral.

Signature: Signature:

Name: Name: