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|  Name |  |
| Year |  |
| Tutor group  |  |

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|  Preferred method of contact (please tick)  | School email  | Via House Heads | Via parent/carer | Other (please give details)  |
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| What problem or worry would you like support with? |
| How long have the you been experiencing this problem or worry? |

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| Are your parents/carers aware that you are requesting support? \*Year 7 to 11 parents/carers do not need to be involved in the counselling work but they do need to be aware that you are seeing the school counsellor.  |

Student signature……………………………………………………………………… Date………………………………………………

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| Name |  |
| Year |  |
| Tutor group  |  |

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